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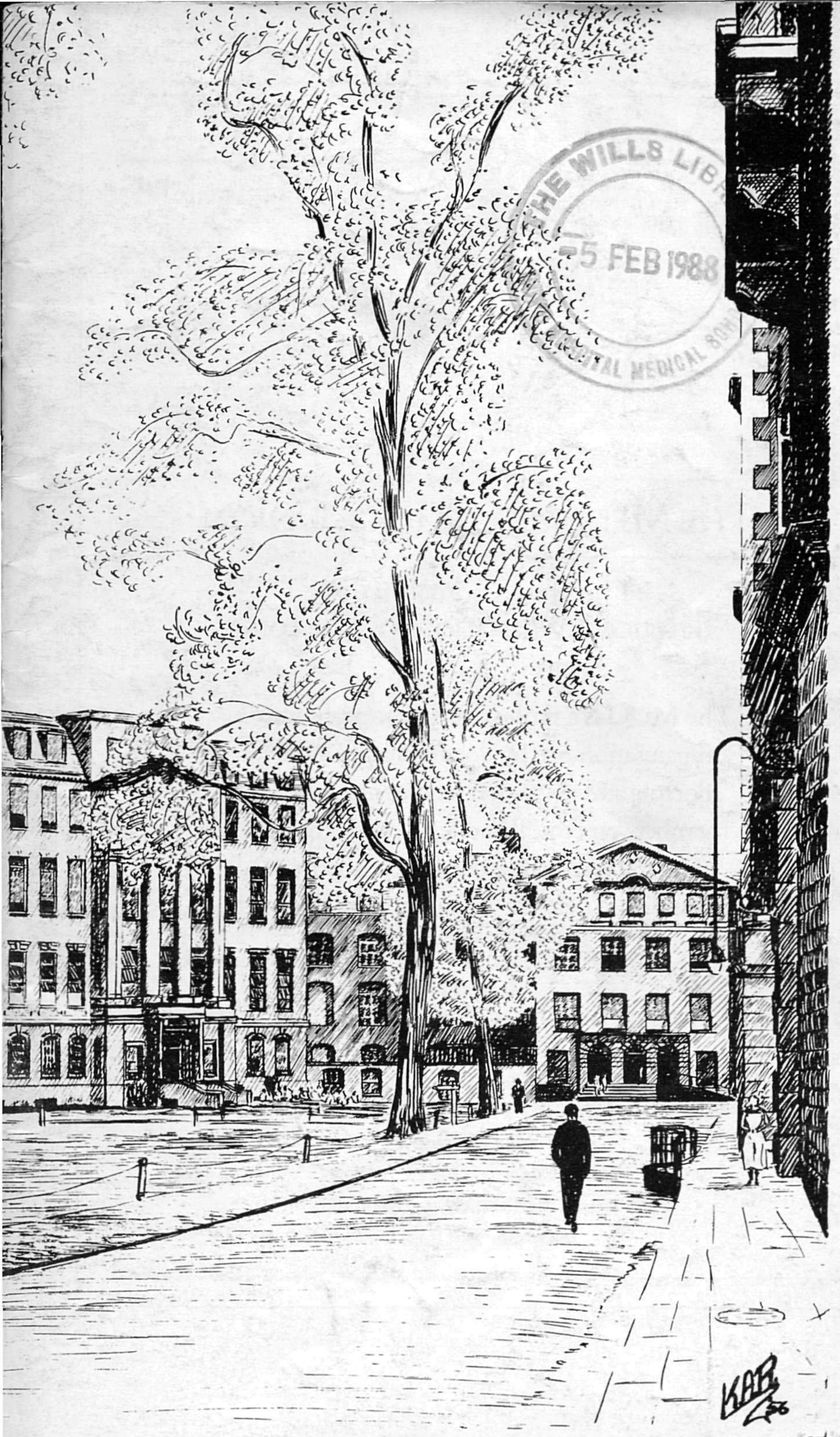

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GUY'S HOSPITAL MEDICAL SCHOOL

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Passim

We've given the *Gazette* a face-lift for Christmas. As you can see, we have redesigned our front cover and headings, and changed to a new typeface. The typeface we used to use was originally designed for railway timetables. This, we felt, was not a particularly flattering comparison. You may see further design changes creeping in over the course of the year, and if you have any suggestions for further improvements, please let us know. In particular, if you have any photographs which may be suitable for use on our front cover, we'd like to see them. We don't have the funds to offer a fee, but we imagine the glory of having your work used on a cover should be reward enough! Today the *Gazette,* tomorrow *Vogue* . . .

Many thanks to Jeremy Gregg for doing the bulk of the design work before he left for pastures new. In addition our Sports Editor Stuart Millar is at the time of writing the only candidate for President in the forthcoming Clubs' Union elections on 18th January, so by the time this appears we are likely to be even more short-staffed than usual. We cannot stress enough that the *Gazette* is a student-run journal, and we *always* need more help in producing it. If you'd like to see how we put the *Gazette* together each month, and you are interested in joining us then please get in touch with the editors. No previous journalistic experience is needed, just enthusiasm and a moderate degree of literacy. The current editorial staff are all approaching retirement age as far as the *Gazette* is concerned, so we need replacements.

As a further concession to the twentieth century, we've got hold of a computer. At the moment, all we can get it to do is to play 'Startrek', but the hope is that eventually we will be able to computerise our subscription list. We know that recently some of our subscribers have not been receiving the *Gazette* reliably and regularly. This is in part due to our antiquated system of record keeping, and in part due to our continuing lack of a business manager. Our acquisition of the computer should help sort things out as far as possible, and we hope soon to have a manager capable of rescuing the business side of the *Gazette* from the chaos into which it has descended. Apologies to all who have been affected by our current state of disorganisation. Things can only get better (although given the degree of computer literacy of the *Gazette* staff, there may be a few disasters yet to come . . .). In the longer term, we hope eventually to be able to use the computer in 'desk-top publishing'. This will require a major rethink of the way the *Gazette* is run, and will offer a considerable challenge to our successors.

But enough shop-talk. 1988 looks like being a watershed year for the health service. The consequences of the crisis currently facing the NHS are featured almost daily in the news, both on a general level and perhaps even more dramatically when we are told of individual patients denied adequate medical care for reasons of underfunding. In this month's issue, Denis Cobell looks at some of the background to the recent nurses strike, and Ronald Cooper examines the potential consequences of reorganisation of Physiotherapy services. Issues such as this are going to become of increasing prominence in the year to come, and will doubtless feature in our pages.

News in Brief

New Year Honours List

We would like to offer our congratulations to the following Guy's men who received awards in the New Year's Honours List:

Dr. J. Fry – C.B.E.
Dr. R. A. Keable-Elliott – O.B.E.
Dr. M. C. Shannon – C.B.E.

Guy's Hospital Society Bournemouth and Wessex

The thirty-second Annual Dinner was held on Friday, 6th November at the Durlston Court Hotel, Bournemouth. Miss A. M. Sedgwick was in the chair. At the A.G.M. prior to the dinner the following officers were elected: Chairman Dr. P. Loxton; Hon. Treasurer, Miss A. M. Sedgwick; Hon. Secretary, Mr. E. H. Archard. Over 60 members and guests attended. After the dinner, the Guest of Honour, Dr S. J. Challacombe outlined events of the past year at Guy's.

Gazette Raffle Winners

The winners of the raffle, drawn on the 17th December, are:

1st Prize (£250) – Mr. J. Attale, Emsworth, Hants.
2nd Prize (£100) – Mr. P. H. Tucker, Pinchbeck, Lincolnshire.
3rd Prize (£50) – Dr. M. Dumbrell, Norwich, Norfolk.
4th Prize (£30) – Mr. A. Kingon, Winscombe.
5th Prize (£20) – Ms J. Emery, Medical Records, Guy's.
6th Prize (£10) – Mr. D. R. Boswell, Timsbury, Bath.
7th Prize (£10) – Dr. Watkin, Old Windsor, Berks.
8th Prize (£10) – Mr. P. Taylor, Department of Surgery, Guy's.
9th Prize (£10) – W. J. M. Hale, Plymstock, Plymouth.
10th Prize (£10) – Mr. A. G. Prince, Andover, Hants.

Many thanks to all our readers who supported this event.

The New Observation Ward

The new Observation ward, which is part of the Accident and Emergency Department, was officially opened on 4th January by Mr Eddie Rowe, one of the Special Trustees. The Ward comprises

The opening of the new Observation Ward: Mr. Eddie Rowe hands over the Ward to Sister Diana Smith. On the left of the photo is Consultant in charge, Major-General N. G. Kirby.

13 beds and is designed to take emergency admissions for up to 24 hours. It is situated at the rear of the A & E Department in the area previously occupied by Blood Transfusion (which is now to be found on the 2nd floor of New Guy's House). The Ward will accommodate patients requiring a short period of observation, such as some head injury patients and overdose patients, but will also cover some social admissions, such as the late-night Colles' fracture when transport home the same night may not be feasible or desirable. The Ward will also receive emergency admissions during the night which will be transferred to the main wards the next morning, thus minimising disruption of patients sleeping on the main wards. The Ward should provide a useful cushion between the A & E Department and the main wards, where beds are increasingly scarce. Major-General Kirby is consultant in charge of the Ward which will be run by Sister Diana Smith. At present the Ward is open only 5 days per week while a full complement of staff is recruited. It should be fully operational 7 days per week from the beginning of February.

Student Health Service

The medical and dental students' health service run by Dr. Hutchinson reopened shortly before Christmas after a period of closure due to a staffing shortage. The service can be found on the 4th floor of Outpatients and is open from 12 p.m. until 2 p.m. Mondays to Fridays. Appointments can be made by phoning ext 2462 between 10 a.m. and 2 p.m.

Music Club

This term an informal concert is plannned for musicians who do not usually perform in orchestras. Anyone is invited to suggest items (duets, quartets etc.) that they would like to perform. Singers and pianists are particularly welcome. Contact Charlotte Patient or Hilary Burrin via the Music Club pigeon-hole.

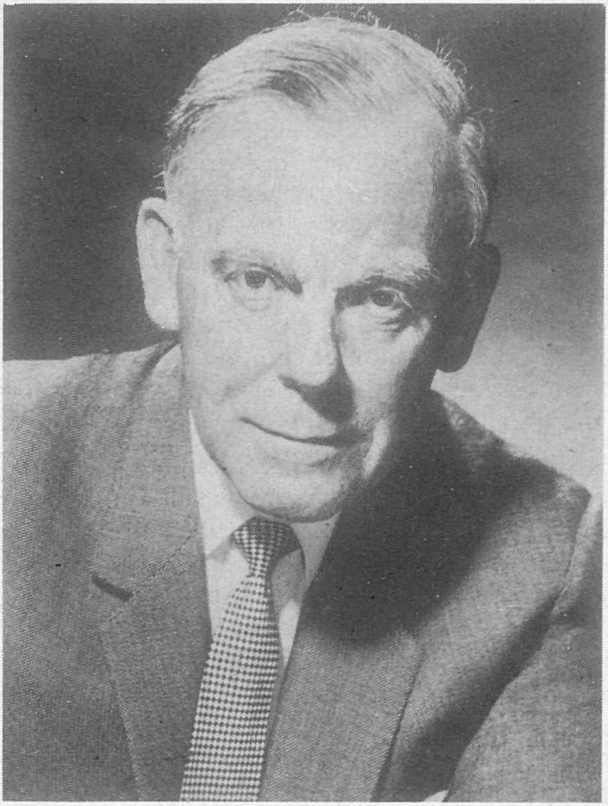
Front cover

This month's front cover is a drawing of the park by Kenneth A. Robertson drawn in 1956.

Too Much of a Good Thing?

Due to lack of space (a situation never before encountered by the current editorial staff), we regret that we have had to hold over several items, including a review of the recent Theatre Club production of 'Confusions'. These articles will be published in the next issue of the *Gazette*, which will appear on February 27th.

Obituaries



Frederick S. Warner, F.D.S., L.R.C.P., M.R.C.S.

Many Guy's alumni will be saddened by the recent death in his eighty-fifth year of Freddie Warner who was Dental Sub-Dean from 1946 until 1963. In that year the title was changed to Dean of Dental Studies and he held this appointment until his retirement in 1968.

He entered Guy's as a dental student in 1921 and after a distinguished record which included the award of the Newland Pedley Gold Medal for Operative Dental Surgery, he completed his medical course, qualifying MRCS LRCP in 1928. An appointment as demonstrator in Operative Dental Surgery followed immediately and soon he had established a reputation as an outstanding teacher and operator. Further experience was obtained as Assistant Curator of the Dental Section of the Gordon Museum and Demonstrator in Dental Histology. In 1936 he was appointed Assistant Dental Surgeon to Guy's Hospital.

It was during the period just before the war that he and Allan Thompson established the afternoon Parodontal Clinic. Previously diseases of the gums and tooth supporting tissues had received scant attention in the undergraduate curriculum and the use of the term Periodontology had not yet been generally accepted in this country. During the Second World War when many of the staff were called up for active service in the armed forces, the Dental School became seriously depleted of teachers and clinicians. Freddie Warner stayed behind and contributed immeasurably to the teaching and the provision of clinical care, and at the same time actively participating in the work of the Emergency Medical Service in the London area.

It was during the war that his administrative skills became apparent and it was no surprise that in 1946, on the retirement of Mr. F. Boquet Bull, he was invited to become Dental Sub-Dean. When he took over, the Dental School was indeed a run-down building. For some of the war years students and staff had been evacuated into Kent and the building had been deprived of essential maintenance. At this time the National Health Service was coming into being and dental education in the United Kingdom was on the brink of the post-war explosion. Woefully short of research space and accommodation for both staff and students, how could the old building cope with the planned increase in student intake and at the same time provide facilities for teachers engaged in research which is such an essential part of an academic institution?

Freddie Warner's energy and dedication quickly brought results. Additional clinical and research space was obtained by building above the George Yard. Rooms for staff were found in adjacent buildings and the Hospital was refurbished with modern equipment. Despite this Guy's was still producing more dentists per square foot than any other school in the United Kingdom. It was soon obvious that these arrangements could only be temporary and that a new school was essential.

Shortage of space on the Guy's site presented a real dilemma and the question was should the school move away from the

Borough out into the suburbs or should a large tower be built into which the Dental School would be incorporated. Freddie Warner was determined that the Dental School would stay on the Guy's site and soon planning began to build the tower.

There were of course major construction problems associated with erecting a thirty-two storey building so near to the river but these difficulties were eventually overcome and the Dental Sub-Committee of the Tower Building Committee, under Warner's chairmanship saw the way clear ahead to plan the new building. In this activity he was indefatigable and much of the credit for the fine building which we now have must go to him. The overall shape of the building was pre-determined by the wards and laboratories on the lower floors, but the needs of a modern Dental School, including a large lecture theatre, had to be built above. One requirement which he insisted upon was a first class library and it is appropriate that the splendid facility on floor 27 should bear his name.

It was indeed a proud moment for Freddie Warner when on Thursday the 6th of May 1976 Her Majesty The Queen opened the building and he was introduced to her as the person largely responsible for the provision of the new Dental School.

It is remarkable that, in addition to his duties at Guy's, he played an active part in the establishment of The Faculty of Dental Surgery at The Royal College of Surgeons of England and was one of the first to be awarded a Fellowship in Dental Surgery. He sat on the Board of Faculty from 1947 until 1966, serving as Vice-Dean in 1955. He was an examiner for a number of Examination Boards, including the FDS and yet at the same time was still able to find time to carry on a successful private practice in the West End.

Freddie Warner was always ready to see students at any time and had a phenomenal memory for their names and background. He took a special interest in the Swimming Club of which he was President for many years. His election as President of the Dental Society on three separate occasions is a measure of the esteem in which he was held by his students.

Unfortunately, after his retirement he was dogged by recurrent ill health which he must have found a great frustration. Throughout, he was supported by his wife Cicely to whom all will extend deepest sympathy.

R.D.E.

Kenneth Lennox Wilson, MA, FRCS, DLO

Kenneth Wilson died after a short illness on 19th November 1987, aged 69. He was one of many Guy's men, qualifying during the Second World War, who were obliged to set aside plans for the future until after their stint in the forces. He qualified in 1943 and, almost immediately enlisted in the RNVR. He served in a number of theatres of war, including the North Atlantic and the Mediterranean, and spent his last five months in the navy as Principal Medical Officer in a Fleet Aircraft Carrier. Off West Africa, he was formally commended for gallantry. It was not until his demobilization in 1946 therefore that he was able to embark on his training as an ENT specialist, a career he had contemplated since his first war-time house appointment at Guy's.

He was born in 1918, a month before the end of the First World War, the son of a former Bishop of Manchester. Educated at Marlborough College, he entered Guy's from Christ's College Cambridge in that grim year, 1940. After his war service and a further house appointment at Orpington Hospital, a Guy's EMS sector hospital, he commenced his specialist training as registrar in the Guy's ENT Department and completed it in Bristol, where he was senior registrar and tutor in otolaryngology.

In 1952 he was appointed otorhinolaryngologist to the Lewisham, Woolwich and Greenwich Hospital Groups where his capacity for hard work and his wide interests, extending to every aspect of ENT, greatly enhanced the reputation of the specialty in this important area of SE London. It was this consideration, rather than geographical proximity, that led to the establishment of a registrar – later a senior registrar – rotation between Lewisham and Guy's and the firm bonds of friendship and professional cooperation that characterize ENT relationships within the LNS Health Authority.

A distinguishing feature of Kenneth's early career as a consultant was his growing interest in organization and management and his ability as a committee man. In 1965 he was appointed to the South East Metropolitan Regional Hospital Board on which he continued beyond 1971 when the Board became the South East Thames Regional Health Authority. He was elected Vice-Chairman of the Authority in 1975 and '76 and for many years served on the Finance Sub-committee and on the Legal Action Sub-committee.

Of course the experience gained in this way meant that he was marked down for office in several of the professional organizations to which he was elected. For instance in 1965 he found himself on the Council of the Section of Laryngology of the Royal Society of Medicine and from 1968 to 1970 was one of the Section's Vice-Presidents. Also in 1968 he was asked to become Treasurer of the British Academic Conference in Otolaryngology and managed the finances of the important international meetings organized by the Conference in Edinburgh in 1971 and in London four years later. For the Birmingham Conference in 1979 he energetically chaired the General Committee and, after the Conference became a Limited Company in 1975, he worked on the Council of Management until 1983.

Shortly before qualifying, Kenneth had met Christiane Price, a Guy's nurse nearing the end of her training, and they were married in 1944. His family life was most important to him, as were his leisure pursuits. He loved music and had made himself something of an authority on the opera – in the world of which he had several close friends. Fishing gave him great pleasure and he cared very much for his garden – although Christiane was the head gardener. He was always excellent company and a convivial and amusing companion. They entertained a good deal and he enjoyed doing so enormously. Always an excellent host, he was, very often, the cook as well.

Sadly, for a number of years he found himself handicapped by trouble with his knees and was eventually forced into early retirement, his activities increasingly curtailed.

The deepest sympathy of his many friends and colleagues is extended to Christiane, their son and daughter and the three grandchildren.

L.F.W.S.

R. U. F. Kynaston (1917–1987)

Roger Kynaston entered Guy's from Bedford School on the 5th October, 1936, as a second M.B. student. He qualified M.R.C.S., L.R.C.P. in 1941, and in 1942 graduated M.B., B.S. (London). Having served as O.P.O., and H.S. to Mr. Hedley Atkins, he was commissioned on the 5th August, 1941, as a

Surgeon Captain in the 2nd Household Cavalry Regiment, and with them he trained for three years in England before sailing to Normandy on the 13th July, 1944; with them he campaigned from France to the Baltic. He was demobilised in March 1946, and after six months as a multidisciplinary House Surgeon at Hertford County Hospital, he returned to Guy's as House Physician to Dr. Maurice Campbell and Dr. William Mann. In May, 1947, he became a supernumerary Medical Registrar in pursuit of the M.R.C.P., but in January 1948, having recently married, he decided to enter General Practice without more ado, and bought his way into a partnership in Stowmarket, Suffolk. There he spent the rest of his professional life caring for the citizens of that market town and the surrounding countryside.

He retired in October 1979, moving to Coton just outside Cambridge, where he and his wife were to enjoy 8 years of great content and considerable intellectual activity before his sad death at Addenbrooke's Hospital on the 22nd November, 1987. He was, however, far more distinguished than this catalogue of facts would suggest.

At Bedford School he was head boy, Vice-Captain of Rugby Football (playing for the English Public Schools against the London Public Schools in 1935), an athlete and a swimmer of distinction.

At Guy's, after a year in the Second XV, he represented the hospital at Rugby for three years, playing alongside internationals Charles Dick and Louis Babrow, and as Captain in 1940/41. (He was to play for the Army v the Navy later that year). In 1939 he equalled the Hospital Pole Vault record, and represented London University as second string in that event at the British Universities' games at the White City. He was Captain of United Hospitals Athletics Club in 1940. While at Pembury, where he was evacuated at the outbreak of war, he was a Student Demonstrator of Anatomy. He was a member of the University O.T.C., Honorary Secretary of the Physiological Society, a Student Director of the College Catering Company and Secretary of the Blues' Committee.

As a soldier he served in a most distinguished regiment who took him to their hearts and respected him at once and thereafter. He had a uniquely difficult commission, his regiment being the Advanced Reconnaissance element of the Guards Armoured Division. Their duty was to probe and pierce the enemy lines, often at several points synchronously, and research beyond them. The collection, care and evacuation of casualties was Roger's responsibility, and an almost impossible one. Following his return to Guy's, he became President of the Residents in January 1947.

In Stowmarket he soon became a citizen of distinction. He was, for a short while, Public Vaccinator; he became Medical Officer to the Suffolk Division of the Red Cross and conducted First Aid Examinations for them over the next 31 years; he became (1951) Medical Officer of the male wards at Stow Lodge Hospital; Chairman of the Suffolk Division of the B.M.A. (1953) and served for 12 years on the Stowmarket Town Council, concluding his service with Chairmanship in 1963/64, that year sitting as a magistrate. He was President of the Ipswich and District Clinical Society in 1968.

In all the phases of his life he was held in the highest regard, in part on account of his stature as an athlete, in part for his skill and compassion as a doctor, but chiefly surely, for the man he was, for his essential integrity. His school friends, his fellow medical students and later Residents, his Practitioner and Consultant colleagues, the officers and the men of his Regiment, all, and one can recall no exceptions, respected him. He had the indelible hallmark of the perfect gentleman (however corny that may sound).

In 1944, while waiting to embark for Normandy, he met Prudence Gale, then an A.T.S. Officer. The gallant Surgeon Captain, modest man though he was (and Roger was a modest man), made up his mind from a very early stage that, although a General's daughter, she was to be his wife. It was not an easy time to pursue a courtship, but pursued it was, in England, to France, and back again. They were married in November 1947, and were, and remained, an exemplary married couple for 40 years. There were four daughters.

In late middle age Roger was bedevilled by ill health which was a particular hardship for him to bear, having been, as a young man, so exceptionally fit. But he bore it with great fortitude and virtually no complaint; it was the cause of his early retirement from the Shooting Field and, in due course, from General Practice. Fortunately he and Prue were wonderfully well met intellectually, sharing deep interests in music, art and travel, and up to the very end, they were attending concerts and exhibitions, lectures and seminars, and journeying all over Britain and Europe. How fortunate we were to have been his contemporaries. To have enjoyed the warmth of his home life at The Corner House, Stowmarket, and his company rough shooting on the Suffolk Marshes was more than anyone deserved.

To Prue, Sarah, Phebe, Anne and Louise, one offers sympathy in their great loss, while enjoying with them some wonderfully happy memories.

H. A. R.

Appreciation

Professor D. J. Neill

At the close of the last academic year, Professor D. J. Neill retired from the Chair of Prosthetic Dentistry at UMDS. He had been the Head of Department for over 25 years and his association with Guy's stretches back to the immediate post war period when he embarked on his training straight from distinguished service with the RAF. The use of the present tense in describing this symbiotic relationship acknowledges its continuance, as Emeritus Professor Neill is organising fund raising activities for the approaching Centenary of the Dental School (that part of it which is not already 100 years old we hear our merged colleagues from the Royal murmur).

As successor to Professor Fenn, Derrick Neill was responsible for steering his new Department through an early and radical change. With an entirely new approach to prosthodontics, the revision was aimed at a system of rational treatment planning and improved clinical standards. Such measures were not calculated to win short term popularity but proved of inestimable value to future generations of staff, students and then patients. In later years, as the first Sub-Dean of Dental Studies, Professor Neill devoted a great deal of time to the planning of the new Dental School in the Tower. So important was the continuity of his role thought to be, that the tenure of his appointment was extended to cover the move and subsequent settling in period. It was largely due to his foresight that a Department of Dental Materials Science was established in the School, an innovation which produced immediate rewards.

Professor Neill receives a presentation book of signatures from Harold Preiskel, Consultant in the Department of Prosthetic Dentistry. Colleagues from three continents had signed this book to mark the retirement.

The word most commonly used to described the quality of Professor Neill's considerable contribution to committee work was its integrity. This quality was manifest in the management of his Department where his staff knew that a line of action once decided upon would be carried through. He was immensely loyal to his staff and many benefitted from his understanding of human foibles.

At a time in life when most would be planning their retirement Professor Neill's research was at its most productive as he refined his studies of mandibular kinesiology with techniques of computerised analysis. The gathering threats of cuts and 'rationalisation' concerned him for the future of his Department and he did all in his power during the latter years to hand it on in as fit a state as possible.

We are pleased that Professor Neill should have been prevailed upon to embrace such an active relationship with the School in the early phase of his retirement. The number and range of well wishers at his presentation evening last October attest to the wide appreciation of his work and warmth of the aspirations for a long and happy retirement.

H. W. P.
J. D. W.

Clubs' Union News

At long last it has come to pass – my last clubs' union news. I'm sure many of you will be deeply distressed by this, but I'm afraid it has to be.

This also means that the time has come round for the Annual General Meeting. This year the date has been set for February 17th. Mark it in your diaries, folks! The motion has not yet been decided but will almost certainly be to do with the mergers of Guy's and St. Thomas's clubs' unions – so keep your eyes open and come along.

Traditionally at this time I also write a brief but concise review of the year that I have been in office. First I should mention Charities Week held in early February last year. The week was well organised and run, and I hope enjoyed by everybody. The main organisers were Zaheer Yousef and Angie Feazey, both of whom deserve congratulations.

The second major event was the Summer Festival, another of Zaheer's masterpieces. Sadly the weather again let us down but I'm sure everybody enjoyed the event. In the spirit of UMDS we actually let a team from St. Thomas's win the 5-a-side football, although they did require assistance from a Guy's man who shall remain nameless (Neil). Also memorable to all I'm sure was that wonderful magic act (enough said).

Next came Freshers' week – an event which this year had more of a UMDS flavour than before, with 3 joint events during the week. Thanks for the organisation go to the whole committee as well as the numerous others who helped to make the freshers feel welcome. Indeed it was quite rewarding to see so many people in their third and fourth (in some cases fifth or sixth and in one case about tenth) freshers' week behaving exactly the same as in their first.

The final major event was the Snowflake ball which this year was as great a social success as ever before, although financially it wasn't quite as good as it could have been, but nonetheless thanks are due again to Zaheer for all his hard work.

The outgoing committee members are as follows:

President: Me

Vice-President Dental: Alison Dunscombe. I'm sure anyone who uses the union shop will know Alison and thanks are due to her for keeping it staffed during a rather turbulent period when it went through three managers.

Vice-President Medical: Caroline Killick. She's the one who helps out clearing up after hops etc. as well as producing that fine freshers' week magazine and helping out with all the other events.

Social Secretary: Zaheer Yousef. I've said enough about him already – we can't have his ego getting out of control.

Bar Secretary: Mark Cynk. Mark has kept a good supply of official bar staff going over the year as well as making sure the profits don't drop.

Junior Secretary: May Yeung started in this post which amounts to general clubs' union dogsbody; when she took her year off, Dave Maudgil stood in and continued the good work.

I think now is also the time to write a word of thanks to the staff involved in the running of the union, namely Mr Shaheen, Professor Naylor, Dr Palmer, Dr Gibson, Dr Hutchinson and Mr Jones.

Finally (and I do mean that), thanks to George Mitchell for keeping the bar running and making healthy profits, Mike Fendick for somehow managing to make the books balance, Andy Baker for keeping most of the committees running, Helen (his secretary) for sending out all the calling notices and typing minutes etc., and Eric Dann for keeping Honor Oak Park in such superb condition.

Sorry if this reads like an acceptance speech for an Oscar but it *is* my last one. Good luck to the new committee.

Nigel White
President

Guy's Hospital Photography Society Annual Exhibition

The recent Photographic Exhibition ended in a shambles around Christmas time, and my apologies go to all those who took the trouble to enter pictures. It has to be admitted that there is no excuse, beyond bad organisation, for the failure to advertise the event, or to acknowledge the entrants, or even the winners.

On the plus side, the quality of photographs this year was the highest for a long time, as those who stumbled into the Gordon

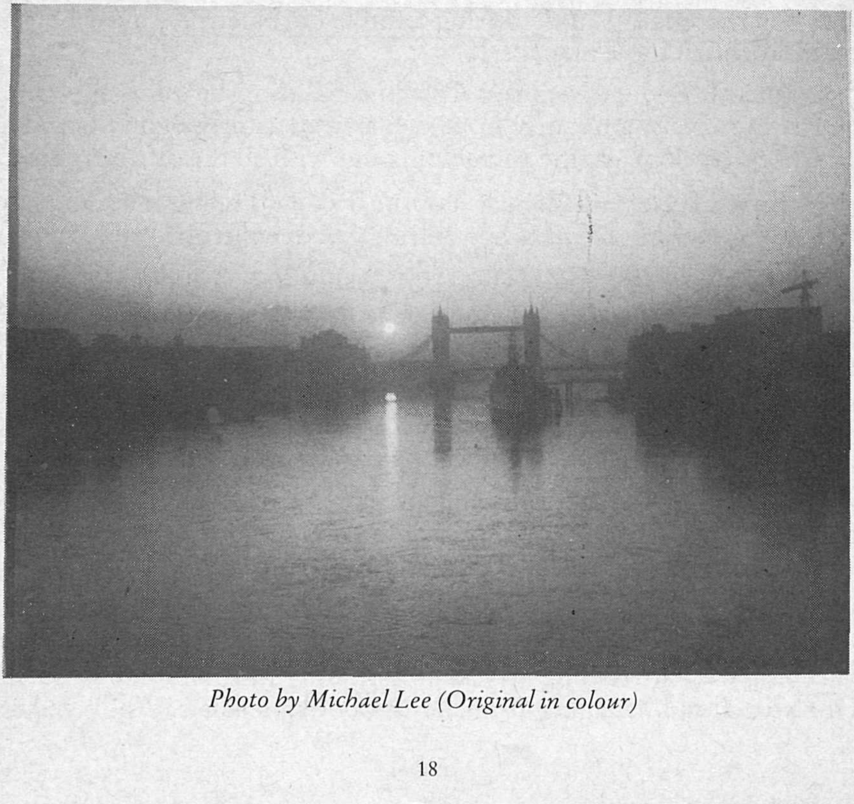


Photo by Michael Lee (Original in colour)

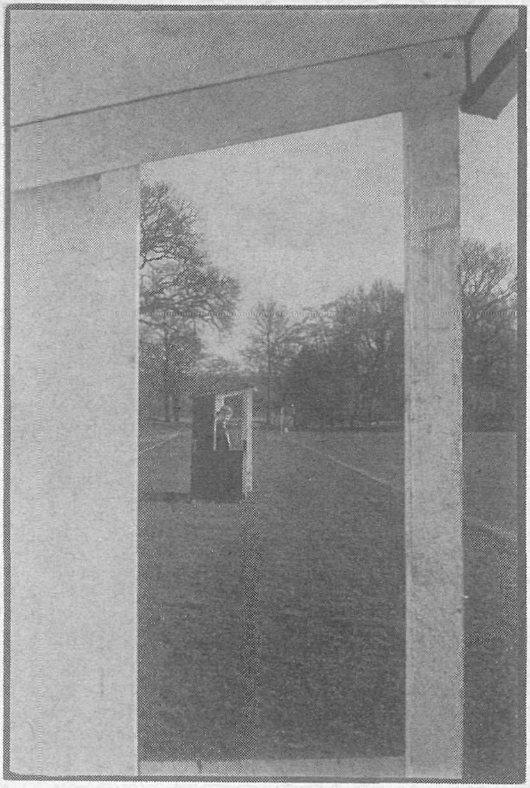


Photo by Paul Iggulden

Museum will have seen, and our congratulations go to the prize winners: Paul Iggulden and Michael Lee, who each receive a £50 voucher to be spent at Vic Odden's Camera Shop in London Bridge.

The photographs are now ready for collection from the Boland House desk, and entrants are requested to contact the Treasurer, via the Photographic Society Pigeon Hole, for a refund of their entry fee.

Many thanks to Vic Odden's for their sponsorship and time in judging the pictures, the curator of the Gordon Museum for his patience and help, and to the entrants.

J. J. Paddle
Secretary, Guy's Hospital Photographic Society

Newcomen Centre Children's Christmas Party, 1987

On 12th December, 1987 the Christmas party for children attending the Newcomen Centre took place. Approximately thirty patients came with their parents and younger brothers and sisters. Everyone enjoyed three hours of dancing (to Agadoo, no less), pass the parcel, musical games and a slap-up tea. The highlight of the afternoon was a visit from our resident Father Christmas, who was taken aback when one four year old demanded a Ferrari. Many thanks to Graham Keeling for executing his role so well.

Photos from the Christmas party taken by Fenella Maloney

This annual event was started as a result of Charities' Week 1986 when it was decided to donate the proceeds to help fund the Centre's new building. It is now the third party to be held and, as with the previous two, gave everyone involved great pleasure. Initially the party was organised and paid for by first and second year students, giving them a unique opportunity to help in the care and support of the community which this hospital serves.

Unfortunately, now that we are in our clinical training, the task has not been taken on by anyone in the preclinical years. It would be sad if this event could not continue. It would therefore

be much appreciated if the responsibility could be taken on as a matter of course each year by the preclinical students. We would like to thank all the students who gave up their afternoon to help, and look forward to seeing a Newcomen Centre Christmas Party in 1988.

Angela Feazey
Kate Laughton

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the *Gazette* must be received 15 days before publication. Copy dates for the next two months are February 10th and March 9th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.
When subscribers notify the *Gazette* of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Funding an Elective Period

by M. J. Fisher
Final Year Medical Student

The Elective Period is an excellent, if too short, opportunity open to medical students to travel to unusual places, meet even more unusual people, and perhaps even study some Medicine. Its position within the course, whilst providing a well-earnt break after the horror of Pathology, comes at a time when personal finances are typically in a seemingly unrecoverable position. However, this should not be used as an excuse for not travelling, but rather as an incentive for taking advantage of the abundant resources that are available.

Two factors are of extreme importance in the application for awards:

1. Locality – whilst some bursaries specify particular locations, others are confined to larger groups, e.g. Commonwealth, Tropical, and others are open to any country, though interesting and unusual destinations will obviously be at an advantage.
2. Projects – many awards are specifically aimed at supporting elective projects, but, even if not essential, the intention (with or without subsequent completion) to carry out research carries an obvious advantage.

The following is a substantial, though obviously incomplete, list of sources of possible financial provision:

A. School Bursaries

A large number of grants are available from the Medical School, and, contrary to popular belief, are not allocated on the basis of sex or sign-up rankings. Forms are available from the Medical School Office in March.

B. Other Awards

1. *Janssen Bursary Awards* – The Medical School can submit a maximum of 2 nominations for grants of £100-500 towards a project of 'worthwhile and of academic interest'. Application forms from the Office; closing date 1st March.

2. *Medical Research Council Awards* – For research projects in Tropical Commonwealth countries. Awards vary but may cover

the full costs. Application forms from the Office; closing dates 1st December and 1st June.

3. *British Medical Students Trust* – Awards are normally in the range of £150-300. Application forms from the Office; closing dates 31st January and 31st July.

4. *Commonwealth Foundation Medical Elective Bursaries* – The School can nominate 2 applicants for bursaries of up to £1000 for electives spent in Third World Commonwealth countries. Closing date February.

5. *Medical Defence Union* – 1 bursary of £500 and 50 of £200 based on a medico-legal MCQ completed over a one month period. Application froms from the Office for competitions in March and September.

6. *A. H. Bygott Scholarship* – 4 scholarships of up to £500 to support work in Community Medicine. Closing dates: 30th April and 31st October. Further details from: Secretary of the Scholarships Committee, University of London, Senate House (Room 21A), Malet St. London WC1H 7HU.

7. *Lister Boyd Scholarship* – 2 awards of £450 made by the Harveian Society. Details from the Office; closing date in June.

8. *ICI Bursaries in Pathology* – Administered by the Royal College of Pathologists. Application forms can be obtained from The College Secretary, The Royal College of Pathologists, 2 Carlton House Terrace, London SW17 5AF; closing dates 1st January, 30th March, and 22nd September.

9. *Nutrition* – Awards for varying amounts are made by the following bodies to students undertaking electives with a 'nutrition' component in it:

   a. British Nutrition Foundation Prize Essay Competition.
   b. British Nutrition Foundation/Nestle Bursary Scheme for Medical Students – details from The Secretary, The British Nutrition Foundation, 15 Belgrave Square, London SW1X 5PS.
   c. Milupa Limited – bursaries of up to £500; apply to Mr. T. Ball, Mananging Director, Milupa Ltd., Milupa House, Hercier Road, Hillingdon, Uxbridge, Middlesex, UB10 9NA.

10. *Leprosy Mission/British Leprosy Relief Association* – 12 awards of £500 for students undertaking appropriate electives in India and

Africa. Application forms from the Leprosy Mission, 50 Portland Place, London W1N 3DG.

11. *Mental Health Foundation* – offer grants of up to £200 for students undertaking an elective in Psychiatry; details from the Department of Psychiatry.

12. *Royal Commonwealth Society for the Blind* – pay travel costs and will fund accommodation for students thinking of Ophthalmology as a career. Apply to The Royal Commonwealth Society for the Blind, Commonwealth House, Haywards Heath, West Sussex.

13. *Israel Medical Association* – 8 bursaries of £150 for students to spend their elective period in a teaching hospital in Israel. Applications, together with a c.v. and a letter of recommendation from the Medical School should be sent to: Dr. Lionel Balfour-Lynn, 7 Kidderpore Gardens, London NW3 7ST.

14. *Convocation of the University of London* – a number of different awards for graduates of London University. Apply to The Clerk of Convocation, University of London, Senate House (Room 101A), Malet Street, London WC1H 7HU.

15. *McNee Award* – an award administered by the Medical Society of London to a student wishing to carry out a research project but with insufficient funds to do so. Applications (limited to one per school) should be in the form of a precis of not more than 250 words of the proposed project, and sent to the Faculty Tutor by mid-January.

16. *British Journal of Hospital Medicine* – awards of £500-1000 open to student subscribers to the BJHM; application forms from the British Journal of Hospital Medicine, Business Centre, 103-109 Lavender Hill, London SW11 5QL.

There are many other awards offered from time to time, and close observation should be paid to the Elective Awards section of the Colonnade notice-boards. If you write up your project when you return, it may even be possible to apply for an award retrospectively.

C. Other Sources

Financial help may be provided directly by Local Education Authorities. Alternatively, they may have details of local trusts and charities. Similar information should be available from local council or solicitors' offices, or from the following publications:

'The Directory of Grant Making Trusts'; Charities Aid Foundation, 48 Pembury Road, Tonbridge, Kent.
'The Charities Digest'; Family Welfare Association, 501-5 Kingsland Road, Dalston, London E8 4AU.
'The Grants Register'; Macmillan.
'Sponsorships and Supplementary Awards'; Careers and Occupational Information Centre, Moorfoot. Sheffield S1 4PQ.
'Grants for Higher Education'; Advisory Centre for Education, 32 Trumpington Street, Cambridge.
'Grants for Individuals in Need'.

These and similar publications should be held in most public libraries.

Further help may be forthcoming from local charity groups, such as the Round Table, Rotary Club, Lions' Club, or by arranging publicity through a local newspaper.

Private companies can be approached by writing directly to the Financial or Promotional Directors, and may well donate if there is a local or personal connection.

Above all, it must be remembered that it is quite possible to finance an otherwise expensive trip, but a great deal of letter-writing, book-searching and stamp-licking will be required.

Guy's Hospital Gazette

IMPORTANT NOTICE TO ALL SUBSCRIBERS

With effect from 1st January 1988, it is regretted that the subscription rate has been increased. The rates will be as follows:

Normal subscription – £12.00 per annum
Retired subscribers – £6.00 per annnum

The *Gazette* would be most grateful if readers would bear this increase in mind when returning their bankers order form.

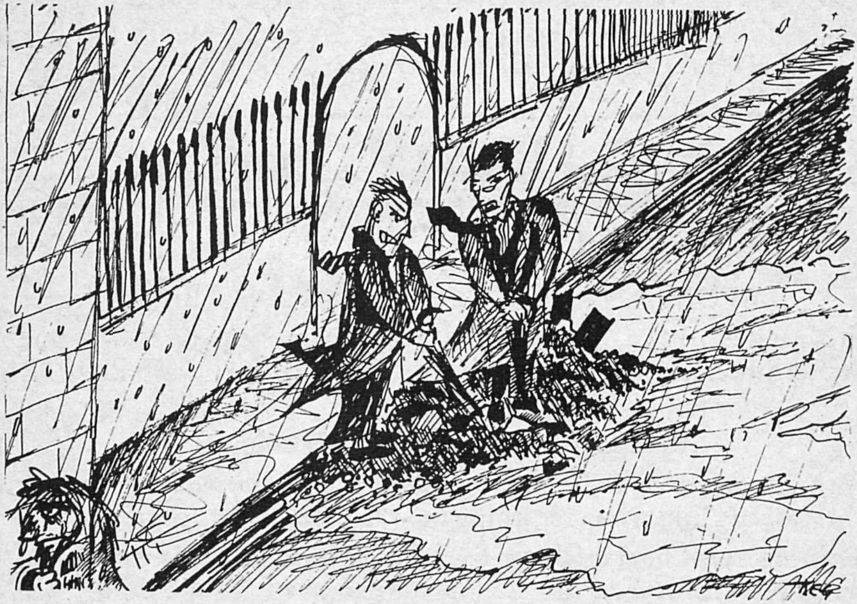
Existing subscribers, please cancel your £10 bankers order and amend to £12.

THANK YOU FOR YOUR CO-OPERATION

Ratty

A few weeks ago Ratty observed a remarkable scene outside the Hospital. Whenever there is a heavy downpour of rain St. Thomas Street quickly becomes flooded. This is due to the rubbish from the pavement being washed into the gutter and blocking the drains. On the day in question it rained very heavily and a large pond appeared in the road outside the East Wing, fed by a merrily flowing river from the Borough High Street.

But it was not this which made Ratty's whiskers twitch at the speed of light. The sight which amazed him was of two senior physicians, rather inadequately protected from the rain, but armed with colourful large umbrellas, systematically attacking the flood. They marched towards the 'Loose Vine' and, with their umbrellas furled, poked around in the gutter until they found a drain, then scattered assorted pieces of flotsam across the road. This was repeated at three places before they arrived at the pond, by which time the flow along the gutter had stopped.



Ratty watches an amazing spectacle in St Thomas Street

The two dark-suited gentlemen now started to prod around in the deepest part of the pond, watched and encouraged by passing and stationary motorists.

After a lot of poking a flattened 'Coke' can emerged, shortly followed by some packing material. Soon a little whirlpool appeared and suddenly, as though a bath plug had been removed, the water was cascading down into the drain. The level of the water rapidly fell and within a minute or two it had disappeared accompanied by horn tooting and a little applause. 'Well', said Ratty (who had seen what goes on in Out-Patients and the wards but had never witnessed anything like this), 'the virtuosity of these Guy's physicians knows no bounds!'.

Oddly enough, a week or two later Ratty saw something else happen nearby which made him squeak with delight. A number of notices had appeared on the walls of the hospital at various points. These were maps of the premises which would be helpful if they were completely accurate. But they are *not* pretty as they are surrounded by colourful advertisements. One of these had been erected on a steel post inside the front entrance ruining the appearance of our beautiful quadrangle.

One morning Ratty spotted an immaculately dressed physician and a large workman enter the front gate. The workman carried a pneumatic drill with which he had been digging up the pavement outside. A few lengthy blasts with his drill and the post and its notice were soon removed. The pair then scuttled along St. Thomas Street bent under its weight.

Ratty had heard about the way medical staff at Guy's had become directors, and how important people came from all over the country to see how the system of a Medical Board of Management worked. The phrase he had heard was 'leave it to the doctors', but he thought that unblocking drains and digging up offensive notices was carrying things a bit far.

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Sue de Monas

With the fifth years away as I mentioned in last month's dispatch, and the third years about to get involved in the annual Path block megalomaniacal catastrophy, the time has come to focus Sue de Monas' inquiring eye onto those hardy perennials the fourth years. This elusive yet approachable group might be found engaged in a number of activities which can be described loosely in the following way:

Obs 'n' Gynae

You have to be very patient to do this attachment. It is extremely frustrating. You wait fifteen hours with a women in labour, then you blink and either the delivery is taken by a student midwife or the lady goes to forceps. You get sent off for a five minute coffee break during which time there are ten normal deliveries and four sections . . . all of which you have missed.

Psychiatry

If you haven't managed to diagnose yourself as having about six major psychotic disorders within the first fortnight you're not working hard enough. Patients can be roughly divided into those who are drugged up to their eyeballs and those who are involved in group therapy. Consequently you have to be very perseverant if you wish to clerk a patient when he is both on the ward and in a reasonable mental state.

Dermatology

You train for twenty years to get a consultancy post which involves taking skin biopsies and freezing warts off people's extremities. How rewarding. Dermaholiday is a term frequently used by the hardy perennial. Is this justified? (Answers on a postcard please). The important thing is to be able to distinguish between a papule and a pustule or a bleb and a blemish so that you can determine the optimum time to squeeze your spots in the mirror with maximum propulsive force behind the cream cheesy bolus.

Regional

The important thing about regionals must be that you should go with people who have similar habits to you. Not like one poor fourth year who I heard about who was accused of being an alcoholic after suggesting a trip down to the local on the second evening. Oh dear!!! By far the best place to do your regional is the Hand in Hand pub in Brighton where the rubbing alcohol flows freely and the bar is almost as crowded as the Lloyd clinic after a hop!!!!

Paediatrics

Roughly translated this speciality means 'the noble art of how to prevent small children p****ng and sh****ng on you'. It appears you have to have the interviewing skills of Terry Wogan or Johnny Carson as you try to hammer out a history taken from the child and both parents who are inclined to disagree with each other about the finer details. This may escalate into a full blown row so watch out (sez my informer).

Fashion and Beauty

In
Watching 'Neighbours' at Lunchtime
Knitting
Living in Wolfson
The Horniman Pub
Knowing your CPR

Out
The Bar
'Eastenders'
St John's Estate
Girls wearing Doc Martens
New Year down the Horseshoe

A Spoonful of Vitriol Helps the Medicine Go Down
A personal review of the BMS Revue

by Teifion Davies
Physiology Department

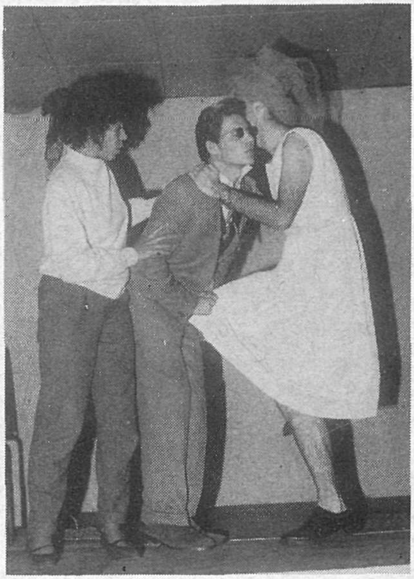
The closing weeks of the Autumn term should be full of pleasant anticipation for preclinical lecturers with the vacation, Christmas and perhaps even an academic beanfeast (sorry, meeting) to look forward to. This year the anticipation was certainly to be sensed, but . . . pleasant? Well, no. The question whispered in every academic corridor was, 'Will I survive the Revue?' Many staff members had already contacted their solicitors, some their brokers, a few their undertakers.

The reason for this epidemic of supra-tentorial tachycardia? Small groups of students had been observed talking, quite casually, to lecturers: they were not the least bit furtive, making no attempt to conceal their purpose nor the cameras and other threatening impedimentia they carried. They spoke softly, 'No pressure, of course, it's your decision entirely. We want just a few compromising photographs, something that makes you look as pathetic as you appear in your lectures. Think about it . . . We'll be back.'

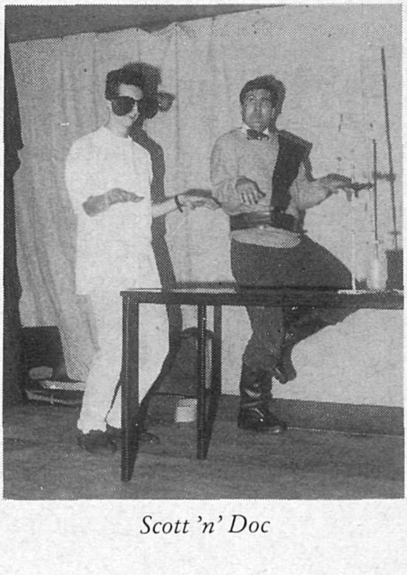
Free tickets, free wine, free food. They really wanted us to be there – but who would pay and how? This was the exquisite mixture of emotions on the evening of the Revue: would I be parodied, scorned, abused, or worse . . . ignored? Reserved seats in the front rows, 'We didn't want you to miss anything' – didn't want anything to miss us, they meant. We were not disappointed. The 1987 BMS Review had something aimed at almost everyone and, just like the good masochists we are, we winced at the sarcasm, grimaced at the cruelty and squirmed at the embarrassment and laughed until we could hardly breathe.

Of course, not all the humour was laced with vitriol. There was cheesecake (on a blind date, provocative in suspenders and stockings, and in one case sporting two days' growth of beard), beefcake (doing a thoroughly un-Mexican hat dance, clad in hats, only hats) and synchronised swilling (to the *allegro* accompaniment of Peer – Beer? – Gynt). There was a one-man demonstration of the tumescent effects of autonomic nervous activity which also illustrated the dangers, for those sitting in the front row at least, of sex without a condom. There were timely entries by the International Rescue stars Scott and Doc, looking truly wooden as they saved humanity and a few surgeons from the brink of doom. (Was decerebration really necessary? Why not hire Roger Moore?).

Each time we relaxed, thinking ourselves off the hook, another frontal attack would come aimed at the soft underbelly of departmental self-esteem: the dangers of too great an insistence on learning anatomy (at least in Student Health); biochemistry practicals rescued from an absurdity of significant places of decimals; physiology announcements made forever self-conscious ('No more Mr Nice Guy', eh?); statistics as a study in scarlet. And of course, there was the inevitable taunting of favourite targets, this time compared to a motley selection of real ales: one with a full body, another with a fine head, others perhaps lacking in original gravity. But we all remembered those photographs, and we waited with mounting tensions for our embarrassment to be broadcast. The result was a photomontage entitled *The Chameleon,* a mickey-take of truly diuretic proportions. In this we followed the career in crime of the Chameleon from lugubrious biochemical cub-scout to syringe-sticking phy-



Cheesecake?



Scott 'n' Doc

siological siren, via such disguises as juvenile physiological train robber, anatomical mafioso, Count Macula, the chef who concocted the primordial soup and the dissecting room axeman.

Grand Finale

The continuity rarely came unstuck, and we were generally far too mesmerised by the show's juggernaut headlights to try and run away. Kae, Mary, Anne-Marie, Mark, Emma, Keith, Neil, Ron, and all the others who are just names in someone's blacklist, did a great job. We who perform the year round treat the BMS Revue as seriously as if it appeared in *Variety* and, in writing a review of their Revue of us, I feel rather like the headless corpse awaiting the executioner's marks for artistic interpretation. Oh no! I still have to prepare a paper for that academic beanfeast (sorry, meeting). 'Five – four – three – two – one!' Thank heavens for International Rescue.

407 Art Club – Winter Exhibition December 7-11, 1987

reviewed by our Art Correspondent

This was another excellent show of which Guy's can be proud. Exhibitors included senior and junior staff, consultants, emeriti and students. As on previous occasions, it was held in the Studio on the 4th floor of Hunts House, a room which is of ideal size and lighting. However, the first visitors did need reassurance that the paintwork sagging from the ceiling was neither a surrealistic exhibit nor an imminent threat.

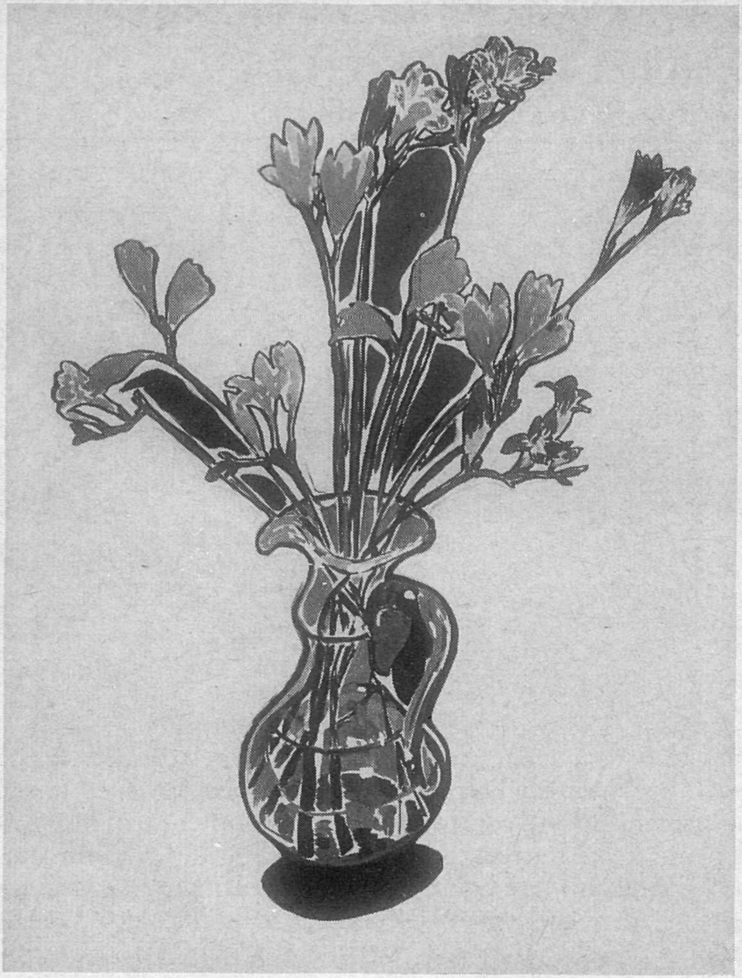
Natasha Crowcroft displayed some coloured illustrations and an ink drawing of African animals, as well as two bright paintings of flowers in a jug. It was the latter which caught the eye on entering the exhibition; a touch of summer on a dull, wet day. Natasha's work attracted much praise.

There were two ink drawings by Kirstie Gibson. Both of these were small, finely worked topographical pictures. One, entitled Monte Oliveto, was engimatic in theme and provided sufficient mystery to make a viewer pause.

It was a pleasure to see Peter Schurr exhibiting once more. He showed only four examples of his work but they created an impact. A well constructed harbour scene in oils revealed excellent draughtsmanship and control of colour. Another oil of horse riders on a plain created a scene of space and light. More intimate and equally appealing were two tree studies, one in pencil and the other in ink. Together, these provided some insight into Peter's talent.

On this occasion Joanna Foley exhibited only one drawing. This was entitled Venice after the Carnival. It was a big picture, but the skilful application of pencil ensured that it retained vitality despite the absence of colour.

William Mann is no stranger to the 407 Club and has exhibited frequently. Since official retirement he has become more prolific and perhaps more adventurous. Two abstract oil paintings entitled Cairo nos 1 and 2 revealed an eye for design and colour which quite excited one visitor. His more conventional oil studies of Rousillon and the Pont Neuf captured the warmth and light of France which we have seen in his earlier work. These were complemented by a quiet pen and wash drawing of a Corfu scene. We hope to see more of Dr Mann's paintings in 1988.



Vase with flowers by Natasha Crowcroft.

The bright oils contrasted with Roy Spector's subtle use of watercolour. He displayed five small landscapes, confined views of houses, roofs, trees and hills. These were all lightly drawn and coloured, their charm increasing on close inspection. Professor Spector is also a long-standing supporter of the 407 Club and his paintings invariably enhance the quality of the exhibitions.

For the second time in 1987, Jane Gibson mounted a display of ceramics. These varied in size and technique, from lustre glazed pots to porcelain earrings. Without doubt the most impressive item was a large, sombre, stoneware urn which contrasted strikingly with the delicate procelain dishes and pinch pots.

The 407 Art Club once more deserves praise for its efforts to raise the cultural tone of Guy's. Students, staff and friends who would like to exhibit or receive more information should contact Dr. Gibson, Department of Rheumatology (Ext. 2424).

The Music Club Christmas Concert

reviewed by our Music correspondent

The Music Club's Christmas Concert took place in Southwark Cathedral on 1st December, 1987, with less of a festive theme than usual. Instead, the programme contained three pieces from classical Vienna, unified by all being in the key of C major. The opening piece was Mozart's overture to his last opera, *La Clemenza di Tito,* written in the conventional *opera seria* style as opposed to the more frequently performed *opera buffa* style of the Da Ponte operas. The orchestra started a little shakily, perhaps evidence of the problems associated with getting medics, dentists, nurses, radiographers, physios and hospital staff all into the same hall for regular rehearsals. However, the complex development section was coped with admirably, with some particularly incisive playing from the woodwind section.

Haydn's Cello Concerto in C formed the bulk of the first half. Written in the mid-1760s, it remained gathering dust in a Bohemian castle library for most of the next two centuries until its discovery in 1962. Hugh Herzig was the excellent soloist, revealing a rich lyricism in the slow movement, as well as a rare virtuosity in the fast semiquaver passages. Unfortunately, a little orchestral detail was lost in the vast echoing spaces of the Cathedral and the orchestra was perhaps a little bottom heavy. Nevertheless, some fine dynamic variation was achieved by the orchestra, ably led by Leah Goldmann and conducted with authority by Christopher Roberts.

In the second half, the orchestra was joined by the choir for a performance of Beethoven's Mass in C. This mass has been understandably overshadowed by the later Missa Solemnis, but is fully worthy of performance. With some sparkling fugal entries from the choir (particularly the sopranos and altos) and breakneck speeds in the Gloria and Credo, the performance really came to life. Chorus and soloists were well integrated in the Benedictus, and a special word of praise must go to the orchestra, whose task was not merely to accompany the Choir, but to render some particularly complex symphonic writing, containing some of the same heroic spirit as the Fifth Symphony and the Coriolan Overture.

There was an encouragingly large audience who greatly enjoyed this concert. I wonder if they were as perplexed as I at some of the dates in Mr R. S. Leeve's programme notes, and at his curious inability to finish his sentences.

Dental Notes

In Memoriam

Although an obituary appears elsewhere, Dental Notes cannot miss the opportunity to recall the tremendous contribution made to the progress of dentistry at Guy's by the late F. S. Warner.

As the Dean of Dental Studies he combined expert clinical teaching with a style of lecturing that always ensured a crowded theatre. Those of us who knew him were always impressed by his remarkable capacity for remembering names. The respect he commanded has influenced many of our careers and for that we all owe him a debt of gratitude.

It was largely thanks to Freddie that the move to a new Dental School in the Tower was possible. This ensured the survival of dentistry at Guy's and it is a small token of our esteem that the Library in the Dental School is named after him.

Clinical Day 1988

Saturday 5th March will no doubt see over 1000 visitors again passing through the portals of the Dental Hospital and School. It is a time for catching up with old friends who forgot to send you a Christmas card; to find out something about the current teaching and research going on here and to satisfy yourselves that Guy's still goes on from strength to strength in spite of all the dismal news about cuts on every front.

The dental companies also generously sponsor a trade show for the day and of course there are the newly installed dental units available for inspection. This year Anthos equipment has been a predominant choice, following its successful use in the Primary Treatment Unit. You may well wonder why we choose to mount new units on the old KaVo chairs. Nick Vale had the chairs modified to his specifications when they were bought into the early 1970s. Not one of over 200 original chairs has needed anything more serious than the odd minor upholstery repair.

Centenary Year 1989

Now you have next year's calendar in your current diary, be sure to earmark the change for Clinical Day in 1989. It will be on Saturday, 13th May. Other events to celebrate the occasion will be taking place on the 11th and 12th May. The full programme will be published in due course.

Congratulations

To Dr. and Mrs Edward Sycamore, recently appointed Deputy and Lady Deputy of the Cinque Port Liberty of Brightlingsea. Ted's first qualification from Guy's was in 1946 and he is seen regularly every year on Clinical Day visiting his *alma mater*.

To the Guy's Dental Surgery Assistants who were also successful in the National Examination. Four of them gained a Merit Award which is particularly commendable. They are Yvonne Baker, Lisa Ferguson, Jane Hogben and Julia Sparrow.

To David A. Coppock (1950–54) promoted on 1st January 1988 to Surgeon Rear Admiral (D) and Director, Defence Dental Services. David has previously been Director of Naval Dental Services as well as sometime Director of the Royal Navy Hygiene School. We were very delighted when he came to present prizes and certificates to our DSA's and Hygienists at the ceremony in October.

To Amanda Biddle and Heather Illing who have been jointly awarded the Jack Wheatley and Carleton Hunter Memorial Prize for 1987.

To Catherine Hall, awarded the Medical Protection Society's Essay Prize of £500. It will do nicely towards her impending elective to Nepal this year.

To the following who have been awarded an Alfred Rycroft Memorial Scholarship for 1988:

Mr. D. S. Burford
Mr. M. Graves
Mr. M. S. O. Lee
Mr. N. P. Monaghan
Miss C. A. Silvey
Mr. S. R. Elphick
Miss C. A. S. Hall
Mr. J. R. McCormick
Mr. A. Patel

Thanks

To Beverly Bolt again for raising £141.80 with a raffle in aid of the Special Care Baby Unit. The money was used to buy materials and sheep skins to cover about 20 incubators.

To all those involved with the Conscious Sedation Course for DSA's. The success of the two days was highlighted by such a popular response that further consideration is being given to repeat performances.

No Thanks

For the proposals of the Holland Committee to change the status quo of the Dental School representation in the voice of U.M.D.S. affairs. As the largest and most prestigious dental teaching body in the U.K., accounting for a third of the strength of U.M.D.S., this position should be reflected in the voice given to dentistry in governing matters of great influence upon the future of dentistry at Guy's.

More than rumour has it there are those on campus at St. Thomas's who are totally unaware that dental students occupy this site of the united institution.

Michael Maberley

Physiotherapy

The absurdity of insisting on a Regional solution to a national problem, namely that of physiotherapy training, has been pointed up by the publication of a consultation document by Another Region. In fact, is it a national problem? A notional problem might better describe it, if problem there be. However, a problem has been deemed to exist so we must all behave as if it is there, and no doubt it will be there soon enough if the present stalemate continues.

But to get back to the consultation document. . . . Another Region, like our own, has decided that it is producing more physiotherapists than it needs, and proposes, much as ours is expected to do when its report finally sees light of day, to close some Schools, amalgamate others, preferentially select local applicants, restrict student clinical placements to the Regional hospitals, and generally ignore the overall shortage (now, there is a genuine national problem) in the interests of saving a few bob.

Where the actual and the putative documents diverge, however, is in the favoured destination of the bits of the training facilities that remain. In that Region, the first ever physiotherapy school took itself into an establishment of higher education, remaining there these many years, by all reports happy to have done so and to continue in that environment. This had been seen as a trend-setting transfer and subsequently a number of other schools have followed suit. Indeed, our own Region is confidently expected to require us to move similarly, believing the benefits of rubbing shoulders with students and staff of different educational persuasions outweigh those of working on a hospital campus alongside other medically based people. Why this is so is not clear, but that is another story. The point of this is that Another Region is not only proposing that a loose consortium of schools should be set up in their existing hospital bases, i.e. should not move away from patients and nurses and doctors and radiographers and . . . It is also proposing that this original, trail-blazing polytechnic-based school should cease to train student physiotherapists altogether.

Two earnest groups have spent months considering what they conceive to be a problem. Two separate sets of teachers and students have been, are being, placed in a position of insecurity and uncertainty. Two diametrically opposed 'solutions' have been arrived at, both of them inward-looking and both of them potentially productive of a common result, to wit, a further reduction in the output of physiotherapists into a health service which already has a serious shortage.

Even after all these years, it still comes as a surprise that far-reaching decisions can be arrived at with so little regard for broader issues and with so little consistency. Perhaps we will finish up with the ideas of Yet Another Region which is contemplating training its own therapists with a short course. Well, you don't need university entrance qualifications and three years training just to walk a patient down a ward, do you? Bah!

Ronald Cooper

Nursing

Striking Nurses and Doctors' Reactions

I imagine there are few readers of this journal who support the recent strike by a group of nurses in Manchester however much they may sympathise with the reasons behind their protest. Nurses have often been quoted that they would refuse to strike because this would endanger their patients' lives: this has not stopped many nurses taking action which has exactly the same effect – leaving the profession. The immediate response to the Manchester strike was that nurses would be damaging both their case and their image. I think I agree on both counts: the present government has shown hardness to those who oppose it by striking, in several instances. The nurses' image is still good with most of the population in this country, and one need only compare it with the decline in public esteem towards social workers and teachers, both of whom have taken what is called 'industrial action' over the past decade.

Nurses are also concerned about condition of work as well as pay. So how have nurses retained their good image? Apart from not striking, a lot has to do with their subservient role; nurses do not stand up and fight for themselves, they obey orders – especially those from doctors.

A recent article in the *BMJ* on the nursing crisis, written by its own assistant editor – *not* a nurse – quoted a sister:

> Doctors don't want to know, and they're going to get such a shock. . . . People say why don't you strike? What striking would mean is that you'd only be nursing emergency patients – which is exactly what we're doing now.

What the striking Manchester nurses should be admired for is being angry and standing up for themselves. A lot is going to change in the next few years, not all for the good; doctors *inter alia* will be shocked that their handmaidens are not what they used to be. This is hardly surprising: even in this hospital it was a doctor who demanded that nurses should not wet their lips with alcohol over the recent festive season. I've rarely seen student nurses drinking to excess on or off duty. But medical students, well, that's another matter. In the autumn I asked the stationman at my local station, Honor Oak Park (which, as readers will be aware, is also used for the Sports Ground), where had the new signs so recently erected by Network Southeast disappeared to? "Ask the medics from your hospital", he replied. I didn't see this happen, but I've seen the wild behaviour and vomit on platforms after our medical students have left the station. Nurses don't behave like this, for two reasons: firstly, they work too hard as students, more akin to apprentices really, and secondly, they are mostly female, and therefore sensible, unlike the male of the species.

Incidentally, another of our medical staff hopes the title 'Matron' can be re-instated. What's the point of using the old name unless the old authority of the Matron returns? And would that be a good thing? Nurses today might not like the return of the matron with all the power she possessed. Doctors may like to turn the clock back, but Project 2000, which looks to the future, will abolish the apprentice nurses in the wards. They will be in college like other students; there is hope that a lot more of them will be men – so possibly they will behave, or misbehave, like medical students.

The striking nurses might also be surprised to hear another aspect of government reaction. On New Year's Eve, the wise old lady of Downing Street entertained to tea a group of junior doctors and a medical student, to hear their grievances about the NHS. Presumably she wanted to hear firsthand what was happening as her duo, Newton and Moore (a splendid replacement for Cannon & Ball as pantomime's Babes in the Wood, do I hear?) are leaving her in confusion. What was said I do not know; the participants, despite our famed democratic traditions, signed a pledge of secrecy! But would the striking nurses have received an invitation?

The *BMJ's* article on nursing was aptly entitled 'Voting with their feet': Project 2000 also aims to reduce wastage of nurses during their training period. It may succeed: after all, if you are not actually in contact with blood and faeces, as you won't be in the college class-room, you don't know how unpleasant nursing in practice can be. For my part, I've often been surprised how many student nurses *stay* at the job, despite the blood, faeces, life and death horrors encountered – and that's apart from the doctors!

Denis Cobell

Correspondence

Mr. F. S. Warner

Mrs. Cicely Warner and family wish to thank all their friends at Guy's for the many kind letters of sympathy which they received on the recent death of Mr. F. S. Warner.

Cold Comfort for St. Christopher's

Much esteemed and dear Sir,

So wrote Sir Walter Scott in his dedicatory epistle to the Rev. Dr. Dryasdust F. A. S. in the book 'Ivanhoe'. Scott of the Antartic would be more likely here. Central heating will probably prevent the majority from comprehending. Turn off your heating for the next eight weeks, then you will understand.

"It gives you an insight into the life of London's homeless", that was the first rumour. Too right it does. As for turning to the battle, I would say that you warm to it. The second rumour – that by keeping us without telephone or heat for two months we would get the urge to move out and the developers could move in – had to be a joke. Developers no, but as for demolition contractors. . .

Such a campaign would of course explain the new fire notices. "On hearing the fire alarm, the .... will call the fire brigade." Who is ....? Also how do you call them when the phone has not worked since early December last year? The only thing that reassures you is that it has got to be too cold here to light anything.

But, maybe it wasn't a joke. Today the decorators moved in. They are painting everything! Another layer of paint on the walls would aid insulation. An inch of paint (there must be 20 layers already) ought to. What though is the point of insulating if there is no heat? Perhaps it is for security reasons, if they paint the rest of the windows so that they won't open either then we can all sleep more securely. I can't understand why anyone would want to break in. The only new things around here are the decorators and they leave by 6pm.

A working museum, there is an idea. Tourists have money, Guy's needs it. The tourists want Dickensian culture, Guy's has St. Christopher's. It's so simple, a real money-spinner. Real-life hard-up residents shivering in their layers of rags. Huddle them round the burning cardphone to keep warm. Add a few decorators and they can discuss the physical properties of ye olde frozen painter in front of bemused Japanese David Baileys. Maybe that means we are about to lose the electricity too. I should be thankful for small mercies. At least I can look forward to warming my other hand on this light bulb. You know, you'd be surprised of the things you can do with a brand new 100 unit phone-card. It's not really a waste of money.

Yours faithfully,
A. TENANT
St. Christopher's Hostel,
208 Long Lane,
London SE1

The Bore Report

I realise that my small contribution to this illustrious organ is slowly becoming something of a rarity and would therefore be enthused if my readership would accept my deeply heartfelt and most humble apologies for my lack of consideration and downright lethargy. In fact, so distraught am I that I have taken to allowing my man servant his pleasure with the cat o' nine tails of an evening.

On the subject of flagellation, it seems that last term entertained rather more than its fair share of somewhat promiscuous romantic entanglements, into which I shall endeavour to delve and shed some light. . . .

Firstly, a small feathered creature urges us to believe that one of our eminent surgical registrars had what can only be described as "the hots" for one of the more strapping wenches on his firm, for he invited this leggy and surprisingly nubile creature to spend an extremely filthy and lecherous weekend with him in the North Country. Putting the furtherence of her medical career in jeopardy, she refused and embarked instead on a filthy and lecherous weekend's mountain-climbing in the valleys of Wales with the Christian Union. Upon her return and during the ward round with the registrar, the rest of the firm unknowingly enquired about her weekend, to which she replied "It was alright, but I'm still a bit sore." Enough said.

It seems then, that blatant adultery is the flavour of the month and, as a stalwart defender of social behaviour and protector of morals, I urge people to refrain and spit most violently in your general directions. For example, we hear that Big Al and his one legged chum both enjoyed the fruits of adulterous passion over the new year. Begone ye heathens I say.

This brings me quite neatly onto the subject of the Snowflake Ball. This was most certainly not a night of romantic success for a number of people. I gathered, from my slumped position, that the majority of the would-be revellers ended the evening in sheds of tears and unfortunately making their way along different paths. Would somebody please explain.

The cause of most of this wailing and gnashing of teeth can probably be put down to our Australian visitor Mr. Procter – something of a Casanova I'm told. I have been told that before returning to that ungracious land, Mr. Procter decided to travel around Europe in only his swimming attire and his credit card. However, I believe that he missed the train . . . by three days. Ah, the evils of alcohol.

Speaking of Australians, I have heard that Big Al (who is, apparently, an Australian) and Wibble were stopped by the police following an enjoyable evening in HQ for "bouncing a rubber ball in the street." Extraordinary.

Finally, in response to the escapades of Terry and his little white sock (see last *Bore*) I have received a lovely little letter from a Mr. Anon which claims that many years back at a hockey match, a student found, to his horror, that toilet tissue was absent from his cubicle and enjoyed the use of a tuna fish sandwich previously acquired from the spit for the duty. Sounds very fishy to me.

Before signing off, would anyone know the whereabouts of a certain G. Biswas who seems to have deserted us for greener pastures?

Cedric Bore

Sport

BOAT CLUB REPORT

The day of the Allan Cup was remarkable in that it had every member of the six VIII's and four IV's down on time for the start of the first race. It was even more remarkable as the regatta had been organised without any entry forms being received; they arrived one week later.

However, the fog of the night before still hadn't lifted by the start of the first race and eventually, after the third hourly meeting, UL cancelled the regatta, apologising for the weather being the one thing that they hadn't organised!

The following week saw the official launching of the new carbon-fibre VIII. The christening was performed by Dr. J. C. Houston, whom the boat was named after. Others present at the ceremony were Mrs. Houston, Mr. and Mrs. Gleeson, Mr. Mansie, Mr. Bompas, Mrs. Herbert and current members of the boat club.

The celebrations continued with an outing in the new boat, the club's president being one of the crew members. The medical support in the following launch proved unnecessary as he survived the ordeal and even claimed to have enjoyed it. We hope that the new boat will bring more enjoyment and success in the Heads of the next season and in years to come.

S.J.H.

GEORGE HOUSTON II

The George Houston II

The christening of the new boat. (Left to right) Mr. Gleeson, Simon Huins (Captain), Dr. Houston, Mr. Mansie

Hospital Information

PASS LIST

The following students qualified M.B., B.S. (London) in December 1987:

Cieslicki, J. A.
Hackett, M. T.
Hardie, T. J.
Macdonald, Miss K. E.
Millman, A. M.
Seevaratnam, M. S.
Shannon, G. M.
Tan, L. A.
Tung, J. Y. C.
Williams, E.
Vyas, J. R.

The following student qualified L.R.C.P. M.R.C.S. in October 1987:

Ling, C. S.

The following students qualified B.D.S. (London) in December 1987:

Barnes, P. L.
Bateman, Miss R. H.
Biddle, Miss A. J.
Brown, A. M.
Burns, J. G.
Chan, Miss S. W. Y.
Chavasse, Miss C. C. G.
Cheema, T. S.
Creedon, A. C.
Deeprose, Miss J. M.
Fang, D. T. S.
Gentle, S. C.
Grumitt, Miss J. M. M.
Hakimji, Miss T. A. E.
Hamilton, Miss S. H. S.
Hampton, Miss P. J.
Harris, I. R.
Harrison, Miss J. C.
Holmes, S. B.
Illing, Miss H. M.
King, Miss C. E.
Locke, Miss A. J.
Meads, Miss S. P.
Moore, S. R.
Nocton, S. M.
Oloyede, D. J.
Opie-Smith, Miss K. E.
Owen, Miss A. J.
Pascoe, Miss J. M.
Pepper, Miss D.
Pickering, R.
Price, Miss H. A.
Robinson, S. C.
Rosen, Miss G. H.
Rosten, Miss E. G.
Seare, M. A.
Shotts, Miss R. H.
Simmons, R. G.
Van Oudgaarden, Miss S. C.
Ward, D. N.
Wilkins, Miss S. D.
Wych, Miss E. R.

DENTAL HOUSE SURGEON APPOINTMENTS

The following recommendations have been made to the Director of Dental Services for appointment of Dental House Surgeons for the period 1st February 1988 to 31st July 1988.

Resident

General Duties and Mr. Bret Day
  I. R. Harris
General Duties and Mr. Gibb
  Miss H. M. Illing
General Duties and Mr. O'Driscoll
  Miss A. J. Biddle
General Duties and Mr. Haskell
  R. G. Simmons

Non-Resident

General Duties, Periodontology & Preventive Dentistry
  D. T. S. Fang
General Duties & Oral Immunology
  S. Moore
Orthodontics & Dentistry for Children
  Miss A. J. Owen
  Miss S. D. Wilkins

Conservative Dental Surgery
  floor 25 Miss E. Wych
  floor 26 J. G. Burns

Prosthetic Dentistry
  Miss J. M. Deeprose
  A. Creedon

General Duties, Conservative Dental Surgery & Oral Surgery
  Miss J. C. Harrison
  P. L. Barnes
  D. J. Oleyede
  Miss S. W. Chan

General Duties, Oral Medicine, Pathology and Microbiology
  S. C. Gentle

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CHANGE OF ADDRESS

DENMARK, Dr. Lloyd. c/o Department of Forensic Medicine, St. James' Hospital, Leeds.

DODSHON, Dr. Derrick. 9 Boronia Street, Bowral, New South Wales 2576, Australia.

HENDERSON, Dr. and Mrs. R. G. c/o X-Ray Department, Friarage Hospital, Northallerton, North Yorkshire, DL6 1JG. Tel.: (0609) 779911.

BIRTH

FLETCHER. To Nicholas and Mary (née Illingworth) (both Guy's 1976–82) a son, Richard Jonathan, on 22nd October 1987 at Lewisham Hospital.

LOVE. To Simon and Julia (née Cave) a daughter, Sara Helena, born on 16th November 1987 at Greenwich District Hospital.

STOCK. To Peter and Ann (née Williams – Guy's Hospital School of Physiotherapy) a son, William Edward, on 11th September 1987 at St. John's Hospital, Chelmsford. A first grandchild for Dr. Stanley Williams F.F.R.A.C.S. and Mrs. Lynwen Williams S.R.N. (née Thomas) of Hove, Sussex.

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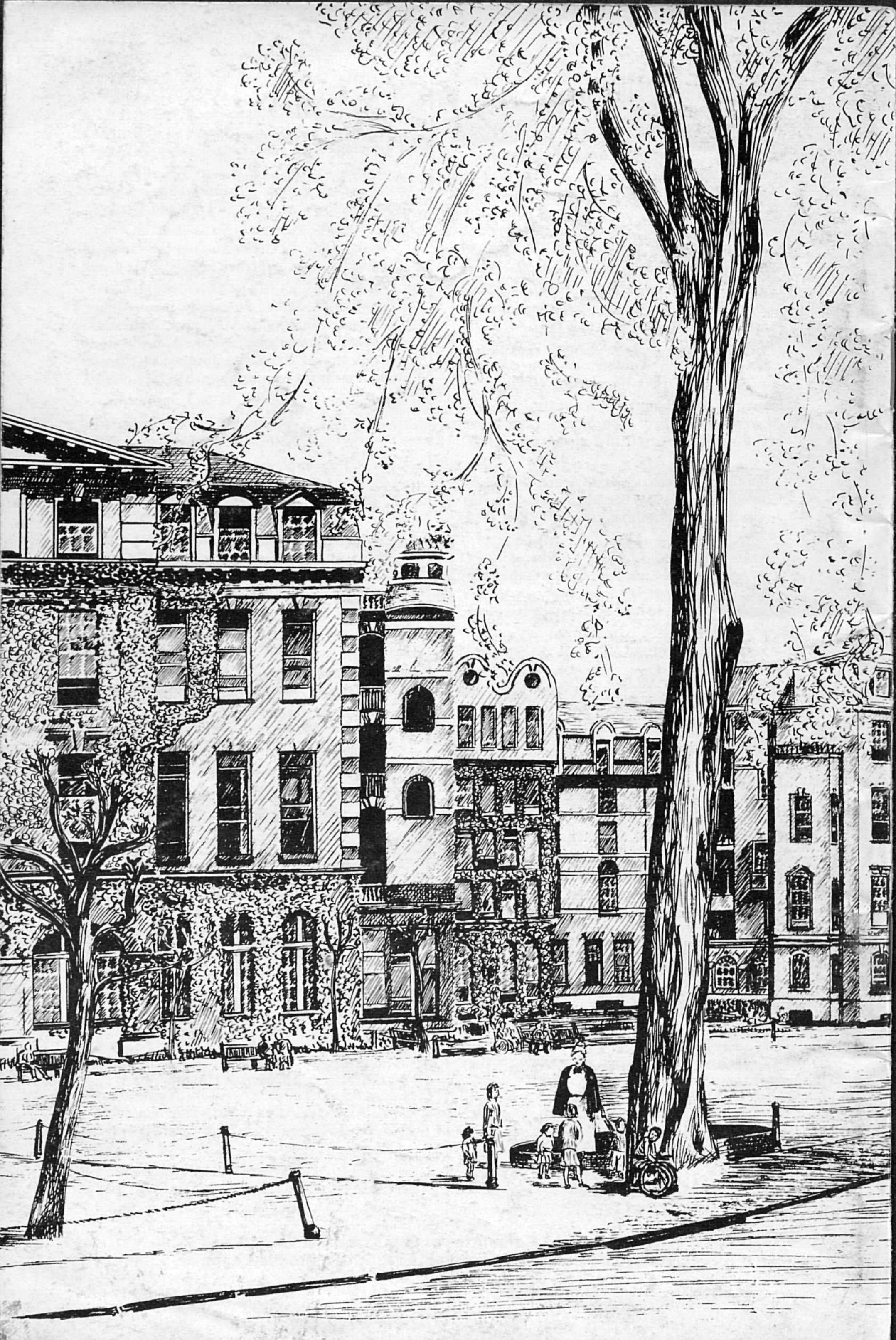

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GUY'S HOSPITAL MEDICAL SCHOOL

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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GEORGE ROSE

Passim

It is now almost three and a half years since the schools of Guy's and St. Thomas's officially united to become the "United Medical and Dental Schools" (UMDS), and only this year has there been an attempt to create a combined student organisation. Presently both Guy's and St. Thomas's have their own Clubs' Union as well as Guy's having a separate Dental Society. The union of these Clubs' Unions is being discussed by a committee of representatives from both Guy's and St. Thomas's. It is hoped that this "Clubs' Union", as it will be known, even though there is some disagreement on the meaning of the word "Union", will lead to a strong marriage between the students from Guy's and St. Thomas's, which currently is not the case.

At the moment the two schools seem rather remote from each other, especially to those of us who have been at Guy's for several years. Potential medical and dental students now apply through UCCA to UMDS rather than to either Guy's or St. Thomas's as before, and after acceptance medical students then choose which site they wish to be based at, while the dentists are only housed at Guy's. This leads the dentists to feel slightly apart from the medics and hence also from this "United Body". This situation may, however, be remedied slightly if the medical and dental preclinical students are taught on both campuses.

This follows the example set by King's College where medics and dentists are taught together in biochemistry, physiology and some of the anatomy courses. This would help integrate medics and dentists and prevent the dentists from feeling totally out on a limb. However, due to the large number of dentists and medics at UMDS this may be impractical (very large lecture theatres would be required for instance). Also dividing studies amongst two campuses causes many problems, such as: time wasted travelling between sites, communication problems between the schools (interdepartmental communication is bad enough), and timetabling problems.

Once dental students start their clinical training they are distanced even further from their medical colleagues. With the integrated teaching of preclinical students, bonds may be formed between dentists and medics which last throughout their whole college life. The formation of the Clubs' Union could help facilitate these friendships due to the participation in shared sporting activities, musical events and many other combined clubs.

The dentists are worried that they will not get the chance to do this mixing, because the committee seems to treat them as an alien body. They believe that because the dentists have their own Dental Society they don't need to belong to the Clubs' Union. This is not the case. The word "society" is just another word for "club"; the "dental club" is just limited to dentists, that is all. The Dental Society belongs to the Clubs' Union and has as much right to be associated with the Clubs' Union as all the other clubs.

On the whole the formation of the Clubs' Unions and the shared teaching should be good for the UMDS, and should go a long way towards patching up the difficulties caused by the initial merger.

Guy's Hospital Gazette

IMPORTANT NOTICE TO ALL SUBSCRIBERS

With effect from 1st January 1988, it is regretted that the subscription rate has been increased. The rates will be as follows:

Normal subscription – £12.00 per annum
Retired subscribers – £6.00 per annum

The *Gazette* would be most grateful if readers would bear this increase in mind when returning their bankers order form.

Existing subscribers, please cancel your £10 bankers order and amend to £12.

THANK YOU FOR YOUR CO-OPERATION

News in Brief

South Wales Dinner

The 37th Dinner of the South Wales Guy's Hospital Society will be held on Saturday, 19th March 1988 at the Park Hotel Cardiff, at 7.15 for 8.00 p.m., following the Wales *v* France Rugby match at the National Stadium.

The President this year will be Mr. John Nicholas and the guest speakers will be Mr. Terence English and Mr. Robin Bret Day. Tickets for the Dinner will be £15.00 per head and the annual membership fee is £2.00.

The Society is always happy to welcome new members and the Committee would like to encourage any Guy's man or woman who has recently come to Wales to attend this Dinner. Please contact the Honorary Secretary of the Society, Mr. C. E. C. Lewis, Glenhaven, Taffs Well, Mid Glamorgan. Tel. 0656 61487.

Newland Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification obtained after following the course in the Dental School at Guy's Hospital to enable him or her to undertake postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Academic Committee. The value of the Scholarship will be up to £5,000 and the actual amount of the award will depend upon whether the holder of the Scholarship proposed to spend a period at an institute in Europe or Scandinavia or whether the time will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

Dental Travelling Scholarship

This Scholarship has a value of £1,000 and is awarded every year to the holder of a registrable dental qualification obtained after following the course in the Dental School at Guy's Hospital, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Academic Committee.

In order that applications for the Travelling Scholarships may be considered by the Dental Academic Committee in sufficient time to enable the successful candidates to make arrangements for travel, etc., it is necessary for all applications for Travelling Scholarships for 1988 to be received by the Dean of Dental Studies by Friday, 8th April 1988.

The Dean of Dental Studies would be pleased to discuss the matter with anyone who is interested.

Dr. Philip Evans

Dr. Philip Evans, Director of Paediatrics at Guy's until his retirement in 1971, has been awarded the Moxon Medal for 1987.

Friends of Guy's

The Friends raised nearly £140,000 in the year 1986/87 and continue to represent an important source of funds for the Hospital. Amongst the work done as a result of their efforts is the upgrading of Astley Cooper Ward for the Renal Unit and work on the Tower Reception Area which will soon be complete.

Guy's Charities Week Magazine

April will see the publication of the Guy's Charities Week Magazine, which is being published to raise money for the two Guy's appeals being supported by this year's Charities Week. These are the Braxton Hicks Fund, which is aimed at providing a new ultrasound scanner for the Obstetrics and Gynaecology Department, and the appeal for new lead shielding for the Oncology Department.

Although totally student-produced, the Charities Week Magazine will feature articles by a number of celebrity writers. First to accept editor Mark Slade's invitation to write for the magazine was Miles Kington, whose baby was born at Guy's last year. Many readers of the *Gazette* will be familiar with Mr. Kington's daily humorous pieces in *The Independent*. It is also hoped that the magazine will feature cartoons from several famous cartoonists.

But the core of the Charities Week Magazine will be pieces by Guy's people, past and present. There is an Editor's Prize of £50 for the best piece of original writing submitted for publication in the Charities Week Magazine, for which all present and past members of the hospital are eligible. There are no limits on length or subject matter, although medically-related and especially Guy's-related articles may receive priority. Unfortunately the closing date for entries to the competition is 4 March, very soon after publication of this issue of the *Gazette*, but this has been specially extended for readers of the *Gazette* to Friday 11 March.

Please do take this opportunity to be published alongside some nationally-famous writers and submit your entry by Friday 11 March to:

Dr. Martin Sadler,
Anatomy Department,
Guy's Hospital Medical School,
St. Thomas Street,
London SE1.

Clubs' Union News

Rifle Club

As you may or may not know, there is in existence a rifle club representing Guy's in this noble sport. The club has been active for many years, and last year we won the Hospitals' Cup which is a competition open to all medical and dental schools in the University of London.

The club at present is looking for keen new members from the present first year intake (to replace worn out third year students), but of course *anyone* connected with Guy's is welcome to come along and have a bang. If you are interested in coming along then please drop me, Alex, a line in the rifle club pigeon hole.

Practices are held most Wednesday afternoons between 1.30 p.m. to 5.00 p.m. but in view of this time being inconvenient for some people, we will also be organizing a session on Saturday evenings from 6.30 p.m. onwards. Persons wishing to return to Guy's at this late hour will be escorted if required.

The club has a full selection of equipment (if a little worn out), and no previous experience of shooting is required. Coaching is available from the semi-competent officers of the club, and the only charge made is for the ammunition that you use.

At present the club is solely for rifle shooting, but we are considering buying some pistols, which can be used at our present range.

You may well have heard about the rifle club hop held at the end of the last Spring term. Well if you didn't you can ask Dijen about it, who I am sure will give you a good account.

Theatre Club Production

Yes! Here we go again, the inevitable Path Block Musical. After much soul searching, libretto reading and nose picking, we abandoned 'Salad Days', 'Fiddler on The Roof' and 'Chicago' to plump for the somewhat obvious *'Guys and Dolls'*, written by Frank Loesser and recently performed on the West End stage.

An enthusiastic cast has been assembled, rehearsals started and a set designed. All that you have to do is buy the tickets.

The show will be performed on Tuesday, 22nd March to Friday, 25th March at 7.30 p.m. in the Harris Physiology Lecture Theatre. Tickets are available, price £4, from Boland House and the Nurses Home at lunchtimes, or by application to The Theatre Club, Boland House, Guy's Hospital, with cheques made payable to 'Guy's Hospital Theatre Club'. Anybody who would like to help in the production in any way should contact the Secretary of the Theatre Club, Mike Travis.

Guy's Hospital Bridge Club

The Club now meets every Thursday evening from 7.30 p.m. onwards. Duplicate sessions will be held on alternate Thursdays, starting on February 25th, in the Ballroom of Boland House. Anyone interested should turn up promptly for a 7.30 p.m. start. Partners can be found for those who turn up alone. Beginners are still very welcome. Rubber bridge is played when there is no duplicate session.

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Antinormovolaemia

by Mark Slade

2nd Year Medical Student

I'd like to pose a question for readers of the *Gazette* – one which is doubtless nearly as old as the study of medicine itself, and one which must surely occur to every medical student sooner rather than later: why are there so many long words of Greek or Latin (or occasionally even Gratin) origin in medicine?

One obvious answer is, of course, that English itself is full of long words of Greek and Latin origin, and it would be unreasonable not to expect some of them to percolate into medical terminology, but, as any health worker knows, the problem goes deeper than that. As a second-year medical student I'd like to air some views on medical terminology while I can still remember a life before hyperlipidaemia, and before the use of technical jargon changes from being a conscious effort to an unthinking reflex action.

I imagine every medical school works on the Sandhurst principle that if you break in the new intake quickly you won't have any problems with them thereafter, and so last year we were quickly exposed to quite a lot of funny words. Having had the benefit of a classical education (at any rate to O-Level), I coped quite well with terms like "thorax" and "hepatic", but in common with many of my colleagues I was perturbed by a reference in the first examination paper I sat at Guy's to something called a "normovolaemic dog". I am fairly sure that you could walk a long way down Borough High Street before you came across anyone who would admit to having seen a normovolaemic dog before, and anyone you approached would probably – and quite rightly – give you a funny look for your trouble. Imagine their surprise if you explained to them that a normovolaemic dog was nothing more terrifying than one of the common or garden variety with an average amount of blood in its veins – sorry, cardiovascular system.

So why use a term like "normovolaemic"? It's only marginally shorter than "of normal blood volume", and much harder to understand (let alone spell), so it is certainly in need of a good defence. I suppose one point in favour of the single, purpose-built word is precision: when it is first defined, everyone can agree on its meaning, and it is inherently less susceptible to modification or inappropriate use than a collection of plain-English alternatives. No one is likely to use normovolaemic to describe anything other than the condition to which it is intended to refer, whereas in careless hands "normal blood volume" could conceivably become "usual plasma quantity" – which would be unfortunate.

Another frequently-heard defence of technical jargon is that it enables workers from a number of different backgrounds and nationalities to discuss subjects of mutual interest in the same terms – they will be speaking a common language. I have never been able really to understand this argument, because the choice of common language seems so inappropriate. If I found myself lost in a Czechoslovakian city, I would not ask a fellow pedestrian the way in Latin, even if I have recognised him as an eminent neurosurgeon. I am prepared to bet that there are not more than three readers of the *Gazette* for whom Latin or Ancient Greek is their second language. So does calling a condition "thrombocytopenia" really make it easier to discuss with a Japanese? Wouldn't "low platelet count" do just as well?

A third justification for esoteric medical terminology is that there has, after all, to be a term for a particular disease, bone or cell, and since that term is unlikely to crop up in everyday speech, it will inevitably sound strange to the uninitiated. There is nothing to be done about this, and anyone who wants to change the name of the radius to the "outer lower arm bone" is unlikely to find favour with succeeding generations of medical students.

There is, however, a considerable price to be paid for using medical jargon, and it often outweighs the professed benefits of the terminology. First, and most important, is the tendency of jargon to render impenetrable what are often not inherently difficult subjects. Medicine, for all its bewildering complexity, is not conceptually a difficult subject when compared with, say, mathematics or literary criticism, and is of much greater interest than either to the average person in the street. These facts are tremendously to the advantage of all those who would like to promote a wider popular interest in health and medicine, but they are not helped in their efforts by the tendency of medical terminology to make an easy subject difficult.

If jargon has an important impact on the ability of the (healthy) person in the street to understand and develop an interest in medical issues, its effect upon the relationship between a doctor and his or her patient must surely be even more critical. Medical students at Guy's are taught from the first year of their course that good communication with patients is the most important of a doctor's skills, and I can only assume that this message is repeated, with even greater force, as one progresses through the clinical course. I would give myself an even chance of being able to explain to an averagely-intelligent diabetic patient what the effects of hyperglycaemia and hypoglycaemia were in my own words, but would reduce the odds to one in ten if forced to use the technical terms themselves.

Of course, the simple answer to this point is that the terminology is not intended for general consumption, but is for use by consenting adults within the profession of their choosing. Why should being able to use and understand the technical term impair one's ability to explain it to a non-specialist in plain English? Well, I think it does, and it has this effect because the ability to bandy around long Greek words induces – insidiously – in the bandier the tendency to think that they are cleverer than they really are. This is a very nice feeling (I have noticed it in myself), and it becomes very difficult to resist the temptation to indulge in it at every opportunity. So when I'm explaining to my mother what my grandfather died of, it's very tempting, instead of saying, "his arteries got clogged up with fat", to say, "he had what doctors call atherosclerosis, which means that his arteries got clogged up with fat." And I think that if you're a patient, and the doctor says something like that to you, it probably has the effect of saying, "you won't really understand what's wrong with you, but if you wanted an idiot's explanation it would be such-and-such".

If it seems unutterably impertinent for a second-year student to be criticising established practice in this way, I would only say in defence of this view that I have noticed that those who are absolutely at the top of their profession (whatever it may be), and who therefore have the least need to boost their self-confidence with impressive-sounding words, are almost invariably the clearest and simplest exponents of their chosen field.

It also seems to me that medical jargon introduces confusion as much as precision. I'm not confident that if I find myself as a houseman having been on duty for 36 hours, I'll be able clearly to distinguish between "hyperglycaemic" and "hypoglycaemic" as a description of a patient's state, whereas I might more easily be able to cope with "high blood glucose".

Will the prevalence of impressive-sounding jargon in medicine ever decline? Probably not. Apart from the inertia built in to the enormous juggernaut that is medical publishing, there is also the "if I could grapple with it I don't see why the new generation can't" attitude that each of us has to any proposal that makes life easier for our successors than it was for us. (That this argument is bankrupt is easy to see if you try to apply it to the idea of performing amputations with alcohol as the anaesthetic and hot tar as the wound dressing, but this doesn't seem to alter the force with which it is applied.) What I would like to see, though, is the creation of something akin to the famous Marks and Spencer "anti-paperwork" department, where a suitable body would vet each technical term, and decide whether it actually performed a useful function that was unattainable using a plain phrase of manageable length. Then perhaps we could allow our normovolaemic dog, after a normobiotic life, to have a normonecrotic death, and medical students could hope never to see its like again.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the *Gazette* must be received 15 days before publication. Copy dates for the next two months are March 9th and April 11th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

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Guy's In The Thirties and Sir Arthur Hurst: Part 1

by Sir Ralph Jackson

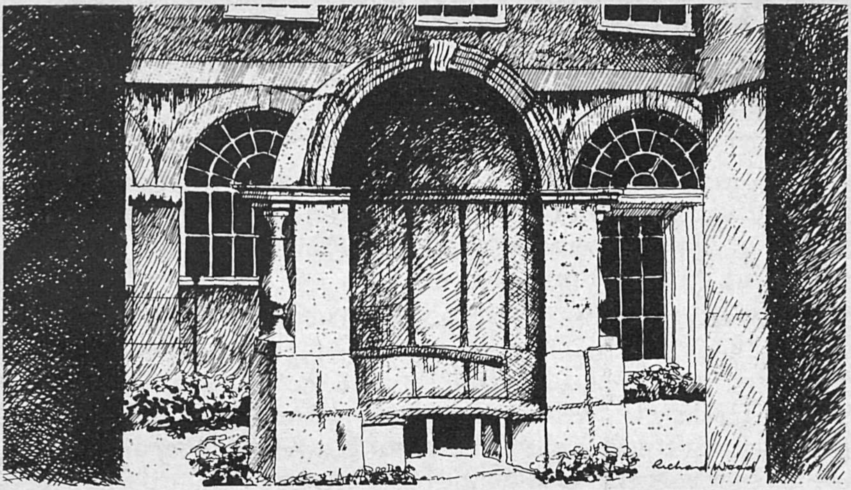
This article is based on a cassette of personal reminicences recorded at the request of Dr. Hugh Baron, archivist to the British Society of Gastroenterologists, in 1987, the fiftieth year of their foundation by Sir Arthur Hurst.

Having read with enjoyment recent articles in the *Gazette*, such as "Guy's in the Thirties" by D. J. Lyon, a dental surgeon (March 1st, 1986, Vol. 100) and "Guy's in the Twenties" by Dr. H. N. W. Harley, a well-known Guy's name (July 16, 1986), I thought I might add to the nostalgia of Mr. Guy's Hospital, which name is indelibly engraved on the heart of all who trained there.

My period at Guy's began in 1932. I remember so well those early days of crossing London Bridge on my way to the first lectures, not of course the London Bridge of today, but that opened in 1831 and now installed in Arizona, U.S.A. The stone parapets were usually lined with people watching the ant-like activities of the dockers loading and unloading the many ships and barges at Hays Wharf and in the rest of the Pool of London. Many people don't realise that the peculiar stone alcove on the east side of Guy's colonnade was removed in 1832 from the 700-year old London Bridge, having been one of fourteen added to that bridge in 1760. With regard to Hays Wharf, I recall about a year later when there was a dock strike, some students, myself included, helped to unload sides of bacon from barges into a warehouse at seven shillings and sixpence for a morning's work. Soon dockers with pickaxe handles, who some students met on return to the hospital, quickly persuaded us to stop the blacklegging!

Incidentally, one of the first lectures I attended was given by a visiting young Canadian, Charles Best, who recounted his discovery of insulin with Frederick Banting in 1922.

The anatomy and physiology years under Professor T. B. Johnson who was also Dean and Editor of Gray's Anatomy and Professor Pembrey respectively were generally care-free, with plenty of sport and often complimentary tickets to West End theatres supplied by an energetic young medical school clerk, Jimmie Goodliffe, whose name eventually became a household word to so many Guy's men who he helped in many ways and also later when he set up an appointments bureau.



Drawing by Richard Wood of the alcove from the old London Bridge on the east side of the Colonnade

Guy's had admitted many students from South Africa, those who were very good rugby players being particularly welcome! St. Mary's Hospital, under their Dean, Charles Wilson, later Lord Moran, was alleged to have offered even scholarship inducements to good South African players. I remember one of those students had been writing to his parents at home for increasing amounts of money for various items of equipment but found he had overstepped the mark when the Dean, T. B. Johnson, having received a letter from his father, sent for him to explain why he had written home to ask for £50, a lot of money then, for a pair of fallopian tubes! His father had asked the Dean if the tubes were really essential!

I entered the wards in 1934 with the usual anticipation. That was the year when Lord Nuffield, having been persuaded mainly by John Conybeare to be Hospital Treasurer, laid the foundation stone for the 8-storey Nuffield House, costing £75,000, virtually all of it contributed by the Treasurer! A fascinating episode occurred as the foundations for Nuffield House were being prepared. Having removed the ground floor of the Bermondsey and Rotherhithe children's ward and digging much deeper, suddenly the workmen uncovered a huge pit containing over 100 white human skeletons. I shall never forget the sight. They had unearthed one of the London plague pits, dating from the Great Plague of 1664/65 in the City.

Evidently in the case of Guy's pit, a horse and cart full of corpses had been driven into the hole because one could see the remains of a horse's skeleton and some metal parts of the cart. There was good evidence later that a few skulls were collected, polished and sold to anatomy students! I remember well the official opening of Nuffield House the next year in December 1935 by the Prince of Wales only six weeks before he was to become King Edward VIII, his father George V, dying on 20th January, 1936.

Among the staff in my clinical days, to mention a few in my orbit, were John Ryle, the quite exceptional bedside teacher with whom I was a medical ward clerk just before he left us for a short-lived period at Cambridge; Arthur Hurst, the internationally known genius of a physician, to whom I became a Clinical, of which more later; John Conybeare was a wise rebel who had much influence in hospital affairs, no-one will ever know how much he helped Guy's men through the years; G. A. M. Lintott was our excellent Clinical Tutor, who unfortunately did not return from the war; and Rowan Boland struggling manfully with the sad and frightful problems of tuberculosis.

To be a clerk to Charles Symonds, the great diagnostician neurologist, often called God, was an experience not to be forgotten. I think the only time I ever saw him animated was at outpatients one day when a young man with a possible history of subarachnoid haemorrhage, lying on the couch suddenly sat up, clasped his hand to his occiput shouting "Christ!" then fell back and was dead before reaching the ward.

T. B. Layton (Tubby) our ENT surgeon was a great character who walked about most of the time wearing his head mirror and who would shout one's name from one end of outpatients to the other. An example of his sense of humour and play-acting was revealed at a clinical lecture. These lectures were announced on a board by the Front Lodge for 1 p.m. One day the board displayed ' "Sex, Psychology and Sinusitis" by T. B. Layton'. Some of those lectures were very boring but that one was worth a visit. By 1 p.m. the Anatomy Theatre was almost overflowing. Tubby arrived, shouted to the porters who had entered all four doors to block them, then said "You all know about sex, the psychology has got you here and I am now going to talk about sinusitis"! Joey Hughes the great teacher was the senior surgeon and Heneage Ogilvie the senior of the assistant surgeons who became one of the best surgical writers of his day, more of them later. Among the surgical registrars were Hedley Atkins soon to be promoted to the fifth assistant surgeon, W. J. Ferguson (Fergy) with great operating skills, Russell Brock with whom I was a surgical dresser and who had the highest standards of teaching and operating, one of medicine's great pioneers and last, but not least, Sam Wass the favourite of most. Keith Simpson was even then performing his instructive and meticulous autopsies.

In 1936 I was lucky to be able to do my practical midwifery on the Bermondsey District under A. J. McNair, the father of Guy's obstetrics (and later the father-in-law of a well-known Guy's man Professor Ian McColl). So for a month in the summer one lived in the College, a building opened by Mr. Gladstone in 1890 as accommodation for the hospital Residents and a few students. We were called "Guy's Externs" which name was painted on bicycles which we rode around our parish. In the College we had a well-known Externs' Room to which most visitors were not welcome. Its unique walls were covered with wood carvings by Externs through the years of all things obstetrical and gynaecological, including some working models of unmentionable nature! I do not know what happened to them when the college was demolished in 1967 (*Guy's Gazette* 2 September 1967 Vol. 81).

I delivered 26 babies during the month – on reflection they will be 51 years old now and I know 3 of them are called Ralph! At that time no nurses were booked with the district cases so we had to assist us either a relative, the mother or an aunt or a professional gamp, as they were called, after Dickens' character the nurse Sairey Gamp with the untidy umbrella. On one occasion I was assisted by the tall, well-known, Mrs. Toomey from Tooley Street, her bible-black hair was drawn tightly back in a large bun, emphasising her pale aquiline features, her black dress was covered by a spotless white apron with a bib – she was very impressive. Just as I was delivering the head of a young girl's first born, kneeling on the double brass bedstead, the door was flung open and in staggered the very drunk docker husband who shouted "What der hell are yer doin' to ma missus" and lunged at me. In a flash Mrs. Toomey whipped a cast iron pan from the stove, emptied the hot water on the floor and hit him a wallop on the head! He sank to the floor unconscious, whereupon she dragged him by the scruff of the neck, heaved him into the corridor, shut the door and said, "Carry on, Doctor." One month later two bars of clear Pears soap were delivered to the College for me as a token of the couple's appreciation!

I remember so well the smells associated with the hospital then, particularly the local tannery, where a number of workers came to front surgery revealing the lesions of anthrax on their cheeks, neck or hands from carrying infected pelts on their shoulders. Then again, in the hospital there were the penetrating smells of chronic osteomyelitis, particularly on plaster changing sessions, actinomycosis with erosion of iliac fossae and gangrene, the latter not uncommon.

During the summer months of 1935 and 1936, when windows were open and wireless sets seemed to blare, we began to hear more and more of the rallies in Germany, accompanied by thousands in their chorus screaming "Sieg Heil, Sieg Heil" (Hail Victory). The Olympic Games in Berlin in 1936 were turned into a Nazi propaganda display and we had our blackshirted fascists on the rampage here, led by Oswald Moseley. On Sunday, 4th October 1936 Moseley took about 2,500 of his thugs to the East End to attack the Jews chanting "Yids, Yids, let's get rid of the Yids". This frightening event became known as the "Battle of Cable Street". Everyone joined in, the missiles being corner stones, railway sleepers and hundreds of pub darts, etc. The casualties, which were estimated in hundreds, overflowed to Guy's and I saw men who had had darts through their faces, one through an eye and numerous fractures and torn scalps. Evidently quite a few hundred thousands were involved in the melée. Moseley was defeated and eventually his movement was banned.

1936 ended with a tragic royal event. The country had seen little publicity about the King and his profound attachment to the twice-divorced American, Mrs. Wallis Simpson, until it burst upon us in November. The King signed abdication papers on 10th December and the next morning he was given the freedom of the air to tell the world his message. A large, church door shaped wireless set was placed on a table in the well of the physiology theatre, which was packed fuller than at any Residents' play with staff and students, and we listened to the fateful message. There was little reaction because most of us felt he must go; however, we realised we had witnessed an historic event. Ever since, whenever I have entered that theatre, I see and hear the episode I have just described.

To be continued

Guy's Hospital Gazette

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View from the Surgery

by Robert Court

"BDS degree? It's a licence to print money." I was standing next to my old friend from night school days as we looked for our names on the results board outside the University of London. He had read medicine, whilst I, according to current medical mythology, had this contract with the Royal Mint. That was in December 1971, it wasn't true then and it certainly isn't true now.

I left London a few weeks later to live and work in the West Country, and I eventually went into partnership with a friend in Bristol where I remain to this day. *The Gazette* has kept me up to date with the upheavals and traumas endured by Guy's since those far happier times in the sixties.

Guy's produces very good dentists – most of my contemporaries entered general practice and were able to cope well with the practical aspects of the job. But our education in the actual running of a practice, and of the NHS as it affects dentists was abysmal. I remember one of our lecturers saying that the function of a university was to provide an education up to degree standard, and that it was up to us to learn about general practice after graduation. In retrospect, that is an appalling attitude and one which I hope no longer exists. In case it does I should like to tell you a little of what life is like out here at the enamel face.

Statistics are thrown around like confetti during the present political debate on the future of the NHS, so I'll try to keep to the barest minimum. Consider the implications of the following: in 1983 33 million teeth were filled; in 1986 that number had fallen to 27 million; since 1948 the number of dentists in practice has increased steadily.

In his Newsletter of December 1987, Professor Rowe mentioned the possibility of closure of one or more dental schools together with a cut in dental student intake of 10% as from 1989. He doesn't say that the combined effect of these measures will still permit a significant increase in the number of dentists over the next 40 years! I can understand the academics' concern; it means jobs lost, reductions in research grants, and a general shrinking of little empires. To you, a student just starting clinical studies, it means the possibility of no job at all. There is no doubt that the workload of each dentist in practice will continue to decline, prevention and expense to the patient being the major factors involved. The dental schools have been very reluctant to recognise their responsibility to both those already in practice and aspiring graduates by continuing to increase the numbers of dentists coming on to the Register each year. The Government's recent White Paper on Primary Health Care recognises the urgency of the problem concerning over-manning and has imposed controls on dentists from abroad wishing to practise here; they also propose introducing a compulsory age of retirement for NHS dentists as well as forcing the schools to reduce their output. However, the Paper goes on to say that a future over-supply of dentists will encourage new graduates to go to areas which are at present showing a high patient to dentist ratio. Areas that are experiencing long-term industrial decline and some inner city regions are specifically named, so some of you, if you want to work, will no longer have any choice in locality for your practice. It is either areas of deprivation and urban decay, or the dole.

With the decline in patient attendance came the inevitable "sharpening of the probes". Those slightly sticky fissures and early enamel lesions began to submit to the drill. Dentists who have done shoddy work which only lasts a year or so now find themselves much better off than their more ethical colleagues. I remember reading a sad letter in the BDJ about five years ago from a middle-aged practitioner who had spent most of his working life looking after some lucky patients in Brighton. He had done his job so well, excellent conservation with good advice about prevention, that his income had fallen to a level where his overheads were forcing him to take early retirement. It didn't seem much of a reward for an honest and ethical professional life, but then I suppose the current philosophy of "if it doesn't make a profit it can't be much good" must be obeyed.

These problems are addressed by the Government's White Paper which goes into the findings of the Committee of Enquiry into Unnecessary Dental Treatment. Their report and discussion document in 1986 showed that "further measures were required to improve patient care." The result of this is that the profession is at present engaged with the Government to discuss arrangements for a new remuneration system. The Government states that the new system must incorporate incentives for both high efficiency and high standards. In other words it has got to be cheap.

As an example of the Government's enthusiasm for incentives for high efficiency and standards, the Keele Relatives Study provides interesting reading. The fee scale for each item of treatment is decided by the Dental Rates Study Group. They base their calculations on the average surgery time taken to perform each item, so that the more time taken the greater the fee. The DRSG calculations in their turn are based on the relative timings of all items on the fee scale decided by the General Dental Services Committee, which meets every five years. The latest meeting was held at Keele University in 1985 and until recently their findings were always kept secret. The following are some of the key items:

Item	*1985 Time*	*1984 Time*
Examination	10 mins.	10 mins.
2 radiographs	6 mins.	7.6 mins.
Scale & polish	13.6 mins.	16.6 mins.
1 surface amalgam	11.3 mins.	12.5 mins.
Incisor/canine RCT	45.8 mins.	50.6 mins
Porcelain jacket crown	67.8 mins.	100.5 mins.
F/F dentures	89.4 mins.	110.2 mins.

These much lower timings have meant that dentists must now work harder and faster just to stand still; we are like hamsters running ever faster inside our little wheels. They don't do very much to help efficiency and they certainly don't maintain standards. The dental laboratories have had to maintain their 1984 prices for crowns up to the present day, despite inflation and rising cost of gold and other materials. Hardly surprising that corners are cut and quality suffers.

Following on from the adverse conclusions of the Committee of Enquiry into Unnecessary Dental Treatment, the White Paper has announced that new quality control procedures will be introduced. They say that the requirement for prior approval for some items of treatment will be relaxed, the prime reason being to release resources to allow the Dental Estimates Board to monitor the performance of individual practitioners. It recommends that the DEB should be able to impose prior approval on any dentist whose pattern of treatment appears to them to be unusual. There is no indication of what is usual or unusual. Some practitioners specialise in certain aspects of treatment like oral surgery, endodontics, or prosthetics, to the exclusion of other forms of treatment. Presumably, they will be investigated and if considered to be unusual by the DEB, penalised by being put on prior approval.

Other forms of punishment already exist for erring practitioners, one of the more onerous being the withholding of payment by the Family Practitioner Committees. Examples of service committee withholdings are sent every year to each FPC by the DHSS as guidance. They too make interesting reading. The medical list for last year reported the case of a doctor who had £2000 withheld from his salary for failing to attend a diabetic heart patient complaining of chest pains. The patient subsequently died. Most other medical misdemeanours were for failing to visit patients at home, or to make a proper examination. These offences attracted fines of £500–£1000, although sometimes only a warning was administered.

Heading the dental list was a withholding of £6000! Since the death of a patient resulted in only a fine of £2000, the behaviour of this particular dentist must have been considered quite extraordinary by the DHSS. His crime was to apply for approval to provide ten crowns for one patient and three bridges for a second patient. The service committee felt that one bridge and four crowns were appropriate in the first case, and one crown for the second. Bear in mind that the dentist had not even laid bur to tooth, all he had done was just ask permission to do so. No treatment had been done in either case, it was simply a matter of difference of clinical opinion. The dentist concerned may have been guilty of proposing excessive treatment; without examining the patient it would be difficult to judge. The Regional Dental Officer who was asked by the FPC involved to examine the patients was quoted as saying that the dentist was a graduate of a dental school with excessively high standards! Shortly after reading about this case, my partner asked our Regional Dental Officer if he would examine a patient requiring full oral rehabilitation to suggest a treatment plan that would be acceptable to the DEB. The RDO refused saying it would take too long and that my partner should submit his proposed treatment for consideration in the usual way. In the Terms of Service handbook issued to all NHS practitioners it clearly states that practitioners can ask for the opinion of the RDO so long as the DEB have not already given their decision on the case. It would appear that by unofficial pressure from the DEB, practitioners are becoming more exposed to censure and hence less likely to ask for approval for the more expensive forms of treatment.

The future of dentistry within the NHS is uncertain. It is likely that provision for those on very reduced income will continue to be maintained by the Government, for the immediate future at any rate. However, it is clear that some dual funding from both the private and public sectors is the eventual aim, in much the same way as has already happened with opticians. Capitation schemes for children have been tried out in various parts of the country, our neighbouring county of Gloucester being one such selected area. To my knowledge, three practitioners involved in the scheme have resigned before the end of the trials because they feel that the capitation payments result in less income than under the existing system.

I don't know many dentists who have much faith in the BDA negotiators. They have let us down before and will probably do so again. It is up to us to decide our own destiny. We must be one of the few professions who sit back and allow successive governments to dictate the system under which we work, to constantly meddle with statistics in order to obtain more output for less input. Perhaps the worm will turn. A lot of us are already looking at other systems of funding which are beneficial to both patient and dentist. About 800 so far have joined Denplan, which seems to be one of the better organised private dental schemes at present, offering complete dental care to each adult for around £8.50 per month.

I have tried long and hard to think of something optimistic on which to finish, after a long diatribe of doom and gloom, but I really can't see a new dawn yet. The good old trigeminal nerve will continue to ensure that a steady trickle of toothaches come through the front door. Just as well, because a dental degree doesn't prepare you to do much else.

Confusions – by Alan Ayckbourn

reviewed by Martin Stefan

The prolific Guy's Theatre Club trod the boards yet again this December, bringing us Ayckbourn's 'Confusions', and introducing several promising newcomers to the Guy's stage.

'Confusions' is a series of five linked playlets; miniature farces which explore in an unambitiously light-weight way some of the complexities of middle-class suburban life. The direction was split, six people in all taking responsibility for the different pieces. The potential hazards of directorship by committee seemed, however, to be avoided, and the production as a whole achieved a commendable degree of unity in tone.

Caroline Roberts and Kathy Burns in 'Mother Figure'

The first two pieces, 'Mother Figure' and 'Drinking Companion,' were directed by Tim Hodgson and Jane Bowden. The mother figure is Lucy, a lonely housewife with a peripatetic husband whose maternal instincts are horribly directed towards her rather pathetic neighbours Terry and Rosemary, wallowing in the rediscovery of their childhood. Caroline Roberts as Lucy made full use of her considerable theatrical experience, Kathy Burns shone as the hysterical Rosemary and Adrian Laurence handled the singularly unappetising role of Terry with skill.

Lucy's husband Harry (Myles Dakin), meanwhile, is in the foyer of a hotel. He's on a business trip, he's drunk, and he wants to get laid. In 'Drinking Companion', Paula (Sue Evans) is his intended and not entirely unwilling victim, but alcohol and a rather more worldly-wise Bernice (Kae Bennetts) thwart his desires, while a disinterested waiter (Jake Mehta) presides over the general disintegration. This was competently performed, and Myles Dakin makes a superb drunk, but my enjoyment of the piece was ruined by a section of the audience sitting near me who took it upon themselves to heckle loudly throughout on the grounds that they knew a member of the cast. Yes, girls, we know you're friends with the stars. So why advertise it by trying to wreck their performance?

A change of directorship (Graham Keeling and Angela Craven now) but we remain in the same hotel, this time in the restaurant, with the waiter providing the link, for 'Between Mouthfuls'. Mr and Mrs Pearce, the local industrial bigwigs (Olivier Dimitri and Sarah Diederich) are having dinner, as are their underlings Martin

Olivier Dimitri and Sarah Diederich in 'Between Mouthfuls'

and Polly (Sohaib Safiullah and Adele Waters). We only hear what the waiter hears, but it soon transpires to all concerned that Mr Pearce and Polly share a similar approach to business trips with the drunken Harry. The evening is not a success. The cast handled all this scandal well, and Olivier Dimitri as the deeply obnoxious Mr Pearce and Adele Waters (a recruit from St Thomas's) were particularly impressive.

'Gosforth's Fête' was the weakest part of the production. I suspect this was more a fault of the script than anything else, for we are landed squarely into the world of conventional farce, with thunderstorms, vicars and sexual discomfiture taking their somewhat predictable precedence. It just didn't seem to fit with the rest of the production. Despite this, and a few technical hitches, it was performed well enough. Mrs Pearce made her second appearance, Wendy Bryant played the lascivious tealady, and Austin Ihenacho the rather laid-back vicar. Adrian Whyte as the wronged scoutmaster drowned his sorrows effectively and Jonathon Boden was thoroughly despicable as Gosforth.

The final piece, 'A Talk in the Park', was about loneliness. Stylistically formal, a group of strangers sit around on benches trying to ignore each other, and indulging in paranoia about each

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other's intentions. Myles Dakin, Kathy Burns, Graham Keeling, Sheena Pollock and Andy Williams were the misfits, and good at it too, as was the direction by Anne-Marie Abacheta and Mike Travis. Rachel Gray designed the set for the whole production, imaginatively and effectively.

My only major reservation was about the choice of material. Even though it was well directed and well acted, I didn't like the play. The Theatre Club is perfectly capable of putting on something a little more interesting, as their smaller productions demonstrate. But for their larger productions their choice of work such as 'Confusions' and last year's 'An Inspector Calls' suggests that they are clinging a little too tenaciously to the middle ground. This was a pleasant enough evening, but it lacked substance.

Research at Guy's

Research in the Department of Obstetrics and Gynaecology

The last three years have seen a turnaround in the Department of Obstetrics and Gynaecology. The appointment of two new consultants has produced a new era. We currently have five clinical research fellows and a reseach biochemist included in the academic activities of the department. As with any small department with limited resources, much of our endeavours have been in collaboration with other groups. Indeed it is a reflection of the strength of Guy's that such ready co-operation takes place.

Our areas of research are in reproductive physiology and pathology, prenatal diagnosis, bone metabolism and osteoporosis.

Reproductive Physiology

The proteins of the endometrium and decidua are likely to play a vital role in the events of early pregnancy. Characterisation and purification of the major secretary protein of these tissues has been carried out by our Ph.D. student Olwyn Westwood. PP14 is a dimeric protein of molecular weight 56kD. Documentation of serum levels in the menstrual cycle and early pregnancy reveal that it is not specific to pregnancy but rises dramatically in the first trimester to fall again in a pattern similar to HCG. Its rise within days of implantation is the first documented *maternal* response to pregnancy.

We have been involved in attempts to delineate its function. Decidual cytosol has been shown to be immunosuppressive in *in vitro* testing and that this activity correlates with PP14 levels. Purified PP14 exhibits this immunosuppressive activity and can be reversed by addition of PP14 monoclonal antibody. Such local immunoregulatory substances are logical in view of maternal tolerance to the 'fetal allograft'. Further work is aimed at defining the site of the action of this protein in the immunological pathway.

The N terminal sequence of PP14 has been established from purified protein and we are currently cloning the cDNA in order to extract the full sequence and hopefully aid in further defining function. The probes then made will provide a means of studying control mechanisms for synthesis in endometrial cells.

An extension of this work is a collaborative project with the Ludwig Institute for Cancer Reseach at the Courtauld Institute to extract mRNA from endometrium and decidua and screen for the presence of a range of growth factors and oncogenes.

Fertility

The establishment of a Fertility Clinic with a full range of investigative services and treatment methods has provided a base for research. An initial study demonstrated the value of intensive cycle monitoring with ultrasound and daily urinary LH levels. Two trials of drug treatment (Metrodin and Buserelin) of polycystic ovarian syndrome have helped to modify our management of this condition.

In the last 5 years we have established a GIFT programme to help that group of patients with unexplained infertility. Three pregnancies have resulted. In the near future it is hoped to introduce *in vitro* fertilisation and a programme of ovum donation is under consideration. This progress has been achieved by collaboration with a private clinic, The Bridge Fertility Centre, who have supplied the technical support.

Endocrinology

Androgen excess in the female has been a long-term interest. A trial of therapies in the management of hirsutism is currently being completed. Psychological assessment has revealed this population to be highly abnormal. The need to consider this aspect in treatment has been highlighted. Work in conjunction with the Chelsea Hospital for Women has shown that measurement of the intracellular metabolites of testosterone is a sensitive indicator of androgen imbalance.

Prenatal Diagnosis

With the South East Thames Regional Genetics Centre we have been actively involved in the MRC Chorionic Villus Sampling (CVS) study. Random allocation of patients to CVS or amniocentesis will allow the true efficacy and the complications of the newer technique to be evaluated. Mr. Richard Sheridan has just completed his highly successful involvement with this project.

Dr. Lindsey Allen has an international reputation in the prenatal diagnosis of cardiac abnormalities. Two research fellows have worked with her over the past two years. Detailed Doppler studies of blood flow in various fetal vessels and heart have produced a wealth of information on normal physiology and in pathological states. Cordocentesis has added a further dimension to the management of fetal arrhythmia and cardiac anomalies. Our studies have shown the value of monitoring fetal drug levels during the treatment of arrhythmias. Rapid karyotyping from fetal blood has assisted in the decision-making associated with cardiac defects.

Both these aspects will receive a further stimulus with the appointment of a new Senior Lecturer in Obstetrics and Gynaecology.

Osteoporosis/Menopause

Osteoporosis and the menopause has become a high profile area of research interest. Guy's is fortunate in having the latest technology in bone mineral measurement. Linking gynaecology and nuclear medicine has provided the base for substantial research output. Dr. Adam Rodin has collected a large cross-sectional study of bone density in women from 20 to 60 years. We have described for the first time premenopausal bone loss. In other studies we have negated previous opinion that the oral contraceptive pill affects bone loss. The effect of lactation and pregnancy is currently under scrutiny.

A large longitudinal study of calcium in perimenopausal women is under way. A further 5-year study of a new steroid compound has been approved. This will involve 200 postmenopausal women and constitute the largest single U.K. study of bone loss in the menopause.

A new parameter of bone turnover – osteocalcin (GLA) – has been studied and we have reported its disappearence during gestation. The reason is currently under investigation.

Cervical Cytology

A further research fellow Dr. G. Pistofides has developed a new spatula to replace the Ayers Spatula. A 5000 patient study conducted in the community has clearly demonstrated its superiority. Further comparative studies are in progress.

Diabetic Pregnancy

A population study of screening for impaired tolerance is about to be mounted at Lewisham and Guy's Hospitals. A total of 5000 antenatal patients will be tested at booking and 30 weeks gestation. The HbA_1c and fructosamine estimations will be compared with glucose tolerance testing.

Other Areas of Interest

A number of smaller clinical studies are in progress:

- bupivicaine infiltration of the abdominal incision at caesarean section.
- management of the second stage of labour in the presence of epidural anaesthesia.
- psychological effects of follow-up visits for women with treated gynaecological cancer.
- medical termination of pregnancy with RU486 (an anti-progestogen).

It can be seen that research in the Department of Obstetrics and Gynaecology is extremely active. To support these activities we have established the Braxton Hicks Fund to raise funds. Its first goal is £100,000 to purchase a high resolution ultrasound scanner to allow the new Senior Lecturer to have the optimal equiment to exploit the opportunities for research. Subsequently it is hoped funding of research fellowships will be possible with the money.

Mr. Michael Chapman
Senior Lecturer

Sue de Monas

Welcome back all you lucky fifth years from your electives. In return for making everybody insanely jealous of your wonderful tans, you now have to pay the penalty by doing four months of hard labour for finals. Good Luck. More about the little test in a later issue, but now it has come to my notice that the Path Block course has begun and with it, inevitably, the Path Block play (see announcement on p. 58). Like the dermaholiday course mentioned in the last issue, path block tends to be synonymous with taking a few weeks off to go skiing or spending time doing other such pursuits. With so much time on their hands, I was a little surprised to hear that at a meeting called by a clinicus virginalis about the aforementioned play, only ONE person turned up from the year!!! or perhaps all the other students were too busy retaliating against the rather vicious attack launched on us by Mr. Cobell in his Nursing article in last month's issue. Now Mr. Cobell, I've heard you look like a dinosaur, but your accompanying prehistoric attitudes only serve to polarise nurses and medical students at a time when we should all be showing solidarity to save our NHS.

History

We now have definite proof that other complaints levelled against medical students may be true however. Especially their lack of knowledge outside the field of medicine. A patient, when he told the clerking medical student that he was taken as a Prisoner of War in 1942, was diagnosed as confabulating. 'Well of course', says the student, 'we all know that the Second World War was between 1943 and 1947!!!'

Fashion and Beauty

In	*Out*
Sundays at the Tate Gallery	Watching Neighbours in the Boland House television room
Sylvia Plath	Spit coffee
The Oxford Handbook of Clinical Specialities	Theatre clothing worn in the bar
Hockey	Inflams
Irish Elective Students	MPS/MDU imitation filofaxes

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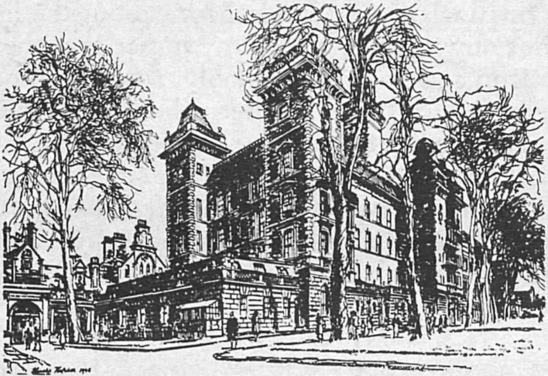

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Dental Notes

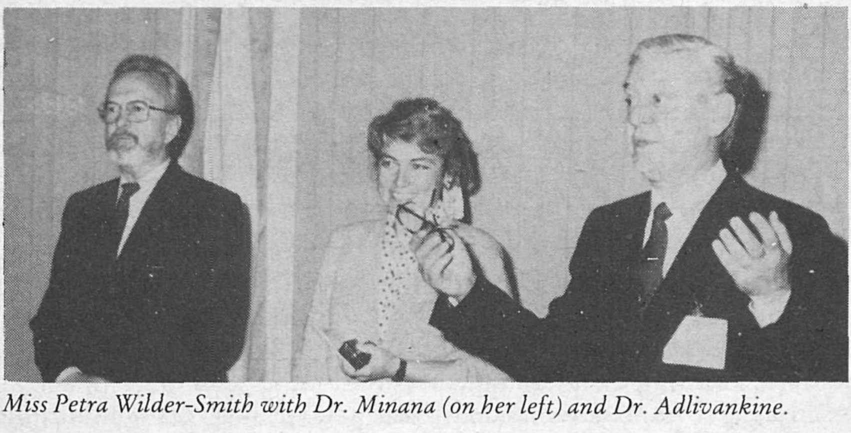
Hasten Slowly

Many moons ago we reported that computerisation for the Dental Hospital was progressing, albeit slowly. In 1909 London horsedrawn traffic moved along Piccadilly at an average speed of 8 m.p.h. The latest survey in 1988 along the same stretch, reveals no increase in this speed for motorised traffic. Progress at Bexhill, the driving seat of Regional projects for the South East Thames is another prime example of "festina lente". The Patient Administration System for the District's computerisation programme comes on line this summer. Everything possible has been done, particularly by Bruce Robinson, to coincide this with our dental requirements being processed through the Regional Computer Service. We are no longer looking at what a mouse can do. We are looking for a squib.

Congratulations

To Professor Jack Tulley, ex-Dean of Dental Studies, who has been awarded an Honorary Fellowship of the Royal College of Dentists of Canada in recognition for his international work for dentistry. In addition, the American Association of Orthodontics has presented him with the Louise Ada Jarabak Memorial International Orthodontic Teachers and Research Award.

To Miss Petra Wilder-Smith who qualified from the United Medical and Dental Schools at Guy's Hospital in July 1983 and



Miss Petra Wilder-Smith with Dr. Minana (on her left) and Dr. Adlivankine.

was recently awarded the prize for the best research paper given at the 3rd Congress of the European Society of Endodontology in Madrid, Spain. The President of the Society, Dr. R. Minana from Spain made the presentation in company with the Treasurer Secretary from Switzerland, Dr. W. Adlivankine. Miss Wilder-Smith is currently a lecturer in the Department of Conservative Dentistry, Heidelberg University, West Germany. Her research has been into the measurement of dental pulp blood flow using laser Doppler flowmetry. The European Society of Endodontology holds biennial meetings and the next congress will take place in Amsterdam 16-18 November 1989.

To the Guy's dental team which organised such a successful two-day sedation course for Dental Surgery Assistants, who came from most parts of the United Kingdom.

Thanks

From Bill Dobson, a dentist in Bermondsey who retires after 33 years practising around the corner from Guy's. He moved into Bermondsey when he was a toddler only two years old. All his time has been spent serving this community. He feels a special gratitude to all the dental surgeons, housemen and DSAs, past and present who have been so helpful to his 'family' of patients over the years.

No Thanks

To the mindless yobs vandalising the campus whose only contribution to the quality of life in the hospital is to scar the environment by ripping down wall signs and lift lights or defacing any unguarded surface.

Michael Maberley

Physiotherapy

As anticipated in the January edition, the S.E. Thames Regional Appraisal Report on the Future Pattern of Training Schools has plumped for a move of physiotherapy training into higher education, with all schools, i.e. at King's, Thomas's and Guy's, retaining a diploma qualification rather than a first degree, although, it is recommended that add-on degrees should be developed. As yet, this is a consultative document and the R.H.A. is inviting comments from all interested organisations by the beginning of May.

Obviously, detailed study of the Report will be required before a considered response can be made, but some questions spring to mind even at the first reading. One is to ask why there has been such a long delay in publication since the text differs by little more than the odd word or sentence from that bitterly attacked in draft-form nearly five months ago?

Another is why should training be planned, funded and managed on a Regional basis when the National Audit Office Paper on Control over Professional and Technical Manpower underlines the importance of a national approach to manpower planning and advises that all decisions which affect training school intakes be properly coordinated, and that a national perspective be taken?

How reliable are the figures on which student intake numbers are calculated and how realistic is the notion that staff-retention in S.E. Thames can be increased more than two-fold in the immediate future and four-fold in due course? Why is S.E. Thames' retention rate so low in the first place?

What will rekindle the ire engendered by the draft is the repeated summary of arguments purporting to demonstrate disadvantages in the training received in "traditional NHS physiotherapy schools". These are grouped under the headings of Style of Learning, Clinical Skills, Clinical Orientation, and Clinical Evaluation and are frankly insulting to those of us who teach, and reflective of a state of affairs that may have existed twenty years ago but assuredly does not today. This section is factually inaccurate as well as gratuitously slighting.

There is some mild amusement to be gained from such astute observations as that degree education is of recognised academic standard, and that it will continue to attract a high calibre of applicant. We have frequently been struck by the low standard of A level grades achieved by some graduate applicants for training by comparison with those offered by school-leavers. Many times we would not have accepted onto our diploma course students who have been taken onto degree courses.

But lightness of the heart is not the predominant response of the reader, rather a sense of foreboding. The recommendation that one of the three Schools should be moved out of London –

Brighton is the destination of choice – is disturbing, based as it is on the belief that what Leeds does today, the South Coast will do tomorrow. There, apparently 65% of the students trained in the school take their first post in that Region. Is parochialism a good approach to a national service, and, anyway, if repeated here, would Medway, for example, benefit? Would it be easier to staff a School in Sussex than in London? Facts are in short supply, opinion seems ill-founded. It is important that we do better in our response.

Ronald Cooper

Nursing

Do They Care About Us?

Those of us who attended the annual party for senior nursing staff, courtesy of the Special Trustees' generosity, enjoyed a pleasant evening in the Roben's Suite in January. We were, as usual, well entertained with excellent cuisine, pre- and post-prandial drinks, to the accompaniment of the pianoforte. The whole event was thoroughly delightful; if you weren't driving home, you could drink as much as the time permitted. Unfortunately, one of the consequences of alcohol overindulgence is cirrhosis of the liver: though I doubt very much whether one evening will affect most of us, as we can't afford to consume liquor at the same pace when it comes to our turn to pay at the bar, unless the rumours about nurses' salaries are very much exceeded after this year's pay review report!

However, alcohol is not the only cause of cirrhosis of the liver, or liver failure; but there is another cause of liver disease to which we are exposed, and for which we are only afforded protection with difficulty.

Now, nurses care for others, as in the recent NHS troubles our leaders have been wont to remind us. But who cares for the carers? Who will protect us against liver disease when it comes in the shape of Hepatitis B? As nurses we are constantly reminded to avoid needle-stick injuries, chiefly by not re-sheathing a needle after use, in view of the late-twentieth century plague that is never far from the headlines. Hepatitis B has far greater infective qualities than HIV from small inoculations, but there is a vast difference between the two diseases. Vaccine has been available, to protect against hepatitis B, for several years. Most hospitals in their concern for the health and welfare, leaving aside any damages that may accrue as an alternative, have not only offered vaccination from hepatitis B for their nurses, but have virtually compelled them to accept the offer. But not at Guy's: the DMT, in its wisdom, has decided that it is too expensive, and it must deprive itself of either the service of staff, should they fall prey to hepatitis B, for several months – or, their lives, if the ultimate occurs.

Of course, if you ask them, the DMT will say this is not the case at all. Firstly, all house officers are entitled to free vaccination at the hospital, but *not* nurses. After all, nurses don't come into contact with blood and other infected body fluids, do they? Secondly, if any nurse is still not happy, she or he should go to their GP and have the hepatitis B vaccine prescribed. With a flourish of avuncular charm, they add, the prescribed vaccine can then be injected by hospital staff!

The reasoning behind this curious situation is as follows: house officers are too busy to spend time waiting in a GP's surgery, but nurses, and other staff, must waste their time and join the queue, and presumably pay for the prescription? GPs are funded separately from the hospital, therefore this arrangment will not further upset the DMT's budgeting.

If Mrs Thatcher was aware of the peculiar nature of this bureaucratic anomaly I am sure she would say something – for after all whether the money comes from the DMT's resources, or those allocated to GPs, it inevitably comes out of taxpayers' pockets – perhaps someone should let Downing Street know. After all, they are reviewing the NHS there, and we really shouldn't blame only the DMT for this ridiculous situation; although they do seem a trifle cold in their attitude to staff well-being compared with those authorities who have a different order of priorities.

Someone should be told about us, the carers: do they care about us? The NHS is the largest employer of labour in Europe, leaving aside the Red Army: I have heard it said – "SPOT THE DIFFERENCE". With the tale I have told in mind, plus numerous bureaucratic bunglings I am sure we can all recount, I am beginning to wonder if the cynic's comment on the Red Army may not be right after all!

Denis Cobell

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The Sign-up System

Dear Sir,

We were delighted to see the article in your 5 December 1987 edition from Phil Rich on the sign-up system and whether it should be reformed or replaced. The article made several interesting points very well and, we hope, may mark the beginning of open debate on this subject, rather than students' representatives taking decisions about what they should aim for amid deafening silence from their constituents, a situation that makes accurate representation difficult. We would like to bring some more argument to your readers' attention.

Short of allocating house officer posts randomly, it is impossible wholly to eliminate unfair advantages accruing to those individuals with the right father, accent, tie or sporting ability. However, it is naive to imagine that Guy's is free of that now, with our current scheme. If a consultant is prepared to use such criteria in selecting a houseman, how much more likely is he to do so when awarding sign-up grades.

The Student Medical Education Committee (SMEC) has been trying for several years to improve the way the sign-up system works, so that it would be seen to be fair and regain students' confidence. Our suggestions have largely been accepted by the Medical School, but the problem remains that NHS consultants seem unwilling or unable to respond to direct requests from the Medical School to use the grading system appropriately. For example, each year every consultant who generates sign-ups is sent a breakdown of how frequently he awards each grade, and a comparison of this with the frequency suggested by the Clinical Tutor, Dr John Rees. He is also told on every sign-up form the precise meaning Dr Rees intends each grade to carry. He is implicitly invited to modify his behaviour, but there is no evidence that the persistent awarding of excessively generous grades is deterred: indeed, our impression is that things are getting worse. The only recourse left is for the Medical School Office covertly to modulate the grades awarded, something students would rightly reject out of hand. The fundamental problem, as with much undergraduate medical education, is that only the small minority of consultants who are university employees (professors, readers and senior lecturers) can be held accountable to the Medical School's authority; the majority of our teachers are NHS employees, who are not obliged to take any notice of what the Medical School says.

We do not think that the 'academic ability' section of the sign-up should be determined wholly by an end-of-firm MCQ. It seems to us fairer and more accurate to accept that freak results occur often in MCQs (think of the surprises you have had in your firm) and that the most able students will emerge naturally during a two month attachment, provided the consultant is watching. The quantified nature of an MCQ result gives a spurious appearance of accuracy to a test which only reflects part of the ability required to pass Finals, let alone become a safe and effective doctor. Those with MCQ-sense, an elusive but real technical capacity to get maximum marks with minimum knowledge, would be falsely reassured, and those people who simply cannot do well at MCQs falsely depressed. There is in fact more standardisation of MCQs than Mr Rich realises: in O&G, Dermatology, Psychiatry and Ophthalmology for example.

SMEC reported in a newsletter more than a year ago that the Medical School would be trying to set up a feedback scheme to enable clinicians to inform students of their strengths and weaknesses, and the reason for their sign-up. The problem was that the best firms already did this, albeit by a face-to-face informal chat at the end of the firm, especially if the students asked for it, while the more traditional NHS consultants would probably not accept such an idea, which could only be couched as a suggestion. Indeed, that is what has happened so far, although a scheme for all sign-ups to be awarded face-to-face by teachers is under consideration.

SMEC tried to achieve many of Mr Rich's objectives – standard grading practice from all firms, objective criteria, feedback from teacher to student (and vice-versa, also important), an end to blanket sign-ups – in 1986–7, through our representation on the Clinical Studies Committee. That so few people know that is a testament to the inadequacy of our publicity machine, for which we apologise. We failed in that attempt, though our ideas may still bear fruit in the long term: the Medical School never hurries to reform itself. Most students would agree with the Medical School's tacit conclusion that the system probably cannot be made to work, and when we merge our house jobs with those of St Thomas', a matching scheme will play a much larger part. The precise details our successors will negotiate. Let us hope they make a good job of it.

Yours faithfully,
THOMAS DENT and
JONATHAN GILLARD
Guy's Student Medical
Education Committee,
Boland House,
Guy's

Working Nurses

Dear Sir,

All of us have become increasingly concerned at these troubled times about the future of our health service. It seems that pressure has been put on the nurses to abandon their traditional no-strike position and to join the trend regrettably set at Manchester recently. But it is heartening to learn that the domino-effect has been resisted by the nurses of Guy's Hospital who have shown that their primary concern is the well-being of the patient. In doing so they have kept the respect and admiration that they deserve.

Name and address withheld
by request

A Bouquet for the Telephonists

Dear Sir,

I have now been retired 10 years. During five of them I was abroad. Yet on the infrequent occasions that I ring Guy's, after one or two sentences, the telephonist says "Is that Mr. Lawrie?"

This has happened again and again. I don't know how they do it, but I wish to express my admiration for this feat and for the exceptional and dedicated service we are accustomed to receive from them.

Yours faithfully,
Mr. REX LAWRIE, M.D., M.S., F.R.C.S., F.R.C.P.
Little Mote,
Eynsford,
Dartford,
Kent DA4 0AA

Pathology Plea

Dear Sir,

I wonder if we could appeal to your readers. For some years we have been trying to obtain a copy of Vol. 35 No. 2 (March 1976) of the Journal of Neuropathology & Experimental Neurology. If any of your readers has a spare copy of this edition I would be grateful if they would get in touch with me.

Yours faithfully,
Professor C. W. M. ADAMS
Department of Histopathology,
Medical School,
Guy's Hospital,
London Bridge,
SE1 9RT

Knitting in the Horniman

Dear Sir,

I note that the alleged so-called 'Sue de Monas' has rendered me virtually homeless. For, if I am to be what she considers as 'in', I have to avoid the bar from 5.00 to 10.30, the Horseshoe from 10.30 to 11.00 and my flat from 11.00 to 5.00. Am I expected to sit in the Horniman's and knit, or am I flogging a dead horse?

Yours faithfully,
DICK F. B. FAIRWEATHER,
The Bar,
The Horseshoe,
St. John's Estate

Book Reviews

Introduction to Surgery. D. H. Levien. 298pp. £16.95. Soft Cover. W. B. Saunders.

This book is one of the Saunders blue book series, produced in a handy pocket-sized form in a spiral leaf binding system and is intended to provide an up-to-date introduction to the elements of surgery, largely for the student and house officer. The first three chapters are devoted to taking a history, physical examination, writing of progress notes and, very much geared to the American market "the Science of Order Writing". Although, I am sure this section is well intentioned, I am far from being convinced that the writing of a list of 21 different instructions for the nursing staff has much to do with patient care and I suspect that a more direct liaison between doctor, patient and everyone else involved in the management would be more profitable. This section, I think, smacks of a concern to avoid litigation.

There is no doubt that learning is made much more enjoyable and relevant if information is centred around practical problems and one of the virtues of this book is the author's use of case histories to illustrate the various problems. Wound management, the rationale for various incisions and the management of tubes and drains is looked at in this way with considerable imagination. The text is illustrated with very good line drawings and there is enough operative detail to make the topics easily understood by the student and aspiring surgeon. The text is up-to-date with due regard to non-surgical techniques such as endoscopic papillotomy and removal of common bile duct stones. Imaging techniques such as CT scanning and the use of technitium-labelled markers is discussed where appropriate and there is a good section on the up-to-date assessment of vascular disease, complemented by a satisfactory review of common problems in vascular surgery.

There is a comprehensive section on most aspects of intensive care in surgical practice and the volume ends with a review of the milestones in surgical training which are of course specifically relevant to American practice. There is a good index and every chapter is complemented by a small number of references recommended for extra reading. Most of these are references to books which I think is a great pity since, in a volume which aims as this one does to stimulate interest and excitement, reference to occasional seminal articles on subjects would have been more in keeping.

However, I can thoroughly recommend this book to the students as an easy to read, easy to carry introduction to general surgery. It contains no urology or orthopaedics, apart from passing reference in the chapter on trauma, but most textbooks of surgery nowadays seem to avoid the specialist subjects which have to be found in other publications. At £16.95 it is somewhat more expensive than some of the British alternatives.

M. JOURDAN
Reader, Department of Surgery

A New Short Textbook of Anaesthetics, Intensive Care and Pain Relief. J. C. Ponte and D. A. Green. 160pp. £8.95. Soft cover. Hodder & Stoughton.

This short textbook is aimed at teaching the rudiments of anaesthetics to clinical undergraduates, junior medical staff starting out in anaesthetic practice and nursing staff in appropriate areas.

There are 18 chapters which range in length from 3 to 15 pages and from the overtly practical to the entirely theoretical. As such the book is extremely easy to dip into. Half of the text is devoted to anaesthetics, slightly less to intensive care and about 10% to the management of chronic pain. The book contains much sensible advice (such as an exhortation that non-anaesthetists should choose to maintain the airway of an unconscious patient with bag and mask rather than attempt to intubate). However, there are deficiences. In particular I found the coverage of resuscitation rather too brief. Also the suggestion that lignocaine can be used as a general anaesthetic, although strictly speaking true, will only serve to confuse many students. The chapters on common complications of anaesthetic and pharmacokinetics / pharmacodynamics were good. I liked the inclusion of a self-assessment questionnaire. There were a few gaffes in the text and tables corrected by the authors in an errata page.

As a whole the book works well. I feel that I can recommend it to medical students (particularly considering that a medical student was consulted in its production). I reserve my opinion as to whether or not the tiro anaesthetist will find it useful. One pleas, however, can the next edition be reduced to pocket size?

J. N. CASHMAN
Lecturer,
Department of Anaesthetics

Endocrinology and Metabolic Diseases. Illustrated Lectures Series. P. N. Plowman. 133pp. £9.95. Soft Cover. John Wiley.

Is a picture really worth a thousand words? Well drawn, well judged, well presented, the answer should be positive, but what a disappointment is here. Each page contains between three and six line-drawings, mainly of people or their disordered parts somewhat caricatured to illustrate a point, and a small block of text. Many of the drawings are too compressed to be useful; others are pointless; some are rather distasteful. The content is rather dated, given current developments in laboratory methods and diagnostic imaging, which is particularly sad when this could have been the strongest point of a pictorial book: why not more graphs, scans, actual visual fields, to bring the procedures alive? Clinical descriptions are adequate although often unbalanced, and there are mistakes, e.g. two infective complications of diabetes mellitus appear with drawings under "hypoglycaemia" (p.119). I think students should avoid this book.

BRENDAN HICKS
Senior Lecturer,
Department of Endocrinology

Haematology and Immunology. Illustrated Lecture Series. P. N. Plowman. 118pp. £9.95. Soft Cover. John Wiley.

Haematology and Immunology probably represent the most rapidly expanding areas of knowledge in modern medicine today. A book of this size therefore cannot possibly hope to cover either of these subjects in any detail. The stated aim of the author, however, is to help students to understand, revise and memorise these topics. On a superficial level the book in the clinical area goes part of the way to fulfilling these aims. Many of the clinical drawings are rather fanciful, and unfortunately the pathological drawings are in the main unhelpful and in some cases confusing. The immunology section is particularly sparse and covers only the very basics of the subject. I fear that while this book may be of value to some nurses and allied health professionals, it will prove to be inadequate for medical students approaching their final examinations.

S. A. SCHEY
Senior Lecturer,
Department of Haematology

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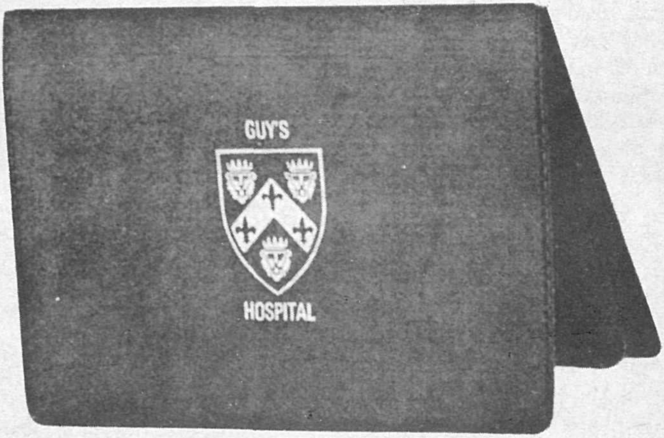

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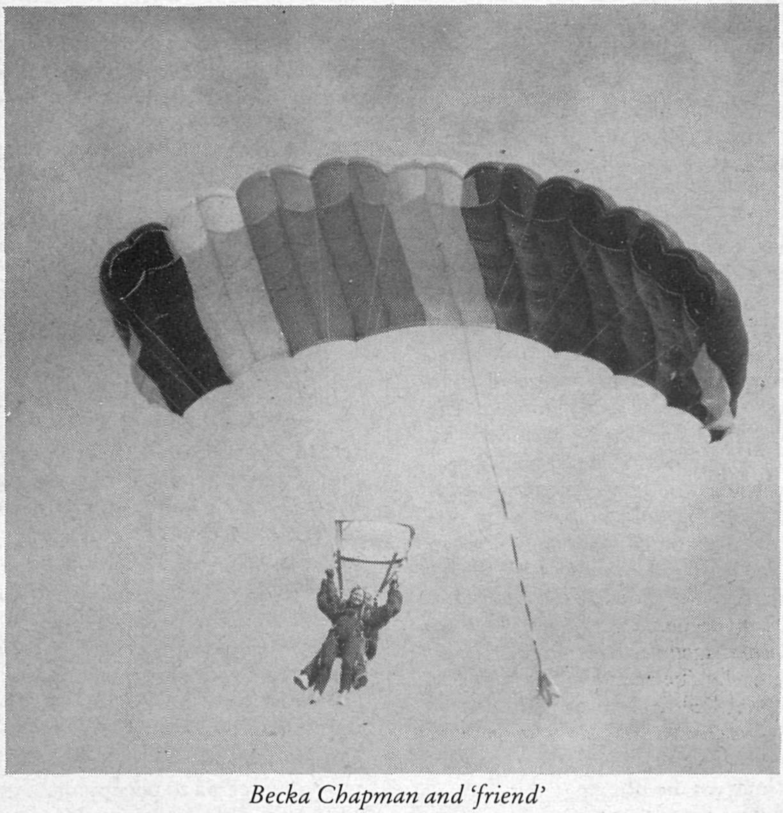
Sport

Parachute Club

1987 was a busy year for the parachute club and this article is a brief report of just some of the club's activities over the last twelve months.

Since this time last year, we have trained over 35 intrepid members of the student population to leap out of perfectly serviceable aircraft. The first course took place in April, under the watchful eyes of Royal Artillery instructor Mark Harling and our own provisional instructor Geoff Tothill. Many thanks to Mark, whose distinctive features and pleasant manner encouraged many jumpers to exit the aircraft without hesitation upon command!

The course was followed, two months later, by a progression weekend. Many of our new members took part and the following people qualified for 'Dummy rip-cord pulls': R. Ali, N. Patel, D. Moles, C. Smeeton. Dijen Basu and Dave "Hedgehog" Moles are hoping to do their first free-fall jumps this season. Congratulations to all concerned.



Becka Chapman and 'friend'

Waiting for a lift

The more experienced members of the club have also been active. The highlight of the year was the Belgium 'Boogie', which took place over five days and was hosted by the Moorsele Parachute Club. The participants were able to jump from C–30 Hercules transports, kindly supplied by the Belgian Air Force. The Hercules is capable of lifting 100 parachutists to a height of 16,000 ft, allowing a free-fall delay of 75 seconds. With this length of time, even the less experienced skydivers were able to join together in formations. The 'Boogie', which was attended by 1,000 parachutists, was well organised, with the possible exception of the 'spotting'. On the first jump one member of the Guy's team landed in France (due to no fault of her own), while the remainder of the team only just managed to reach Belgium. Thankfully the natives were friendly and supplied transport back across the border. The spotting improved and Sue Evans was able to get her category ten qualification on the very last jump of the Boogie.

Back in England, the club entered various competitions and achieved a very respectable placing in a 'speed 10-way formation' contest at Cranfield.

Other events of the year included the display team's first demos at local events. In March, Roger and Sue did their first night jumps. A long awaited jump was made by Becka Chapman (who won last year's Golden Duck award in the category "Best excuse for not jumping"). Becka was strapped to a willing instructor from Sibson for a tandem jump from 12,000 ft. The free-fall lasted 60 seconds, but Miss Chapman's grin lasted days.

At the time of writing Geoff Tothill has returned from jumping in Asia and has been involved in setting a new Asian parachuting record (report to follow). Another training course has started. Anyone wishing to join the next course should contact the club via our pigeon hole in Boland House.

Dave Moles and Roger Walters

Hockey Club Report

CXW 0, Guy's 1

The news broke midweek – UH Cup, Charing Cross and Westminster; 11.30 start, at Cobham! Never at our best on a Saturday afternoon, not to mention morning, we approached the game with some trepidation.

Zafas however, our goalkeeper, failed to approach the game until well rested from the previous night's excesses (dietary or alcoholic?). When questioned about his whereabouts, he explained how he caught the 12.10 train for an 11.30 start!

John Boden, our centre-forward, was volunteered to occupy the 'onion bag', much to his delight! The game itself involved us taking a great deal of pressure, and with only ten men, attacks were infrequent. The defence showed a great deal of composure despite the pressure and some great saves from John Boden ensured the score was level at half-time.

With the Christmas excesses and having only ten men beginning to take its toll on the amount of ground we were able to cover we found ourselves under increasing pressure. Continued solid defence enabled us to make attacking forays into the opposition's half. With Tariq Sethi and John Hatfield running well up front we looked dangerous on the few occasions we did attack. Midway through the half Stuart Millar was released down the right, and showing surprising pace, stormed into the circle and proceeded to fire the ball into the top left hand corner of the goal at great speed and from an extraordinary angle.

This left the opposition stunned to say nothing of our own feelings. With 15 min. left we defended doggedly and despite the pressure held on to record our first victory over these medical schools since they combined.

Our thanks to Ian Cranston for his good umpiring and to Al Machin for his great generosity!

Boron

Hospital Information

PASS LIST

The following students qualified L.D.S., Royal College of Surgeons of England, in October 1987.

Cheema, T. S.
Dooley, P. A.
Pascoe, Miss J. M.

ARTICLES BY GUY'S PEOPLE

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DEATH

FLOYD. On January 17th, peacefully at his home in Kenilworth, Dr Henry Gilbert Floyd, aged 83 years. Dear husband of Rosamond, father of Helen, Rosamond, Anne and Mary, and a proud grandfather. Donations if desired for the Evelina Children's Hospital Appeal, Guy's Hospital, may be sent to the John Taylor Funeral Service, 178 Warwick Road, Kenilworth, CB5 1HU.

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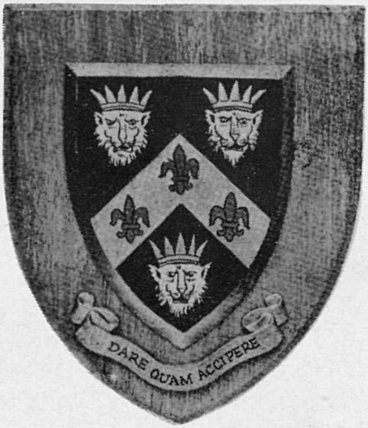

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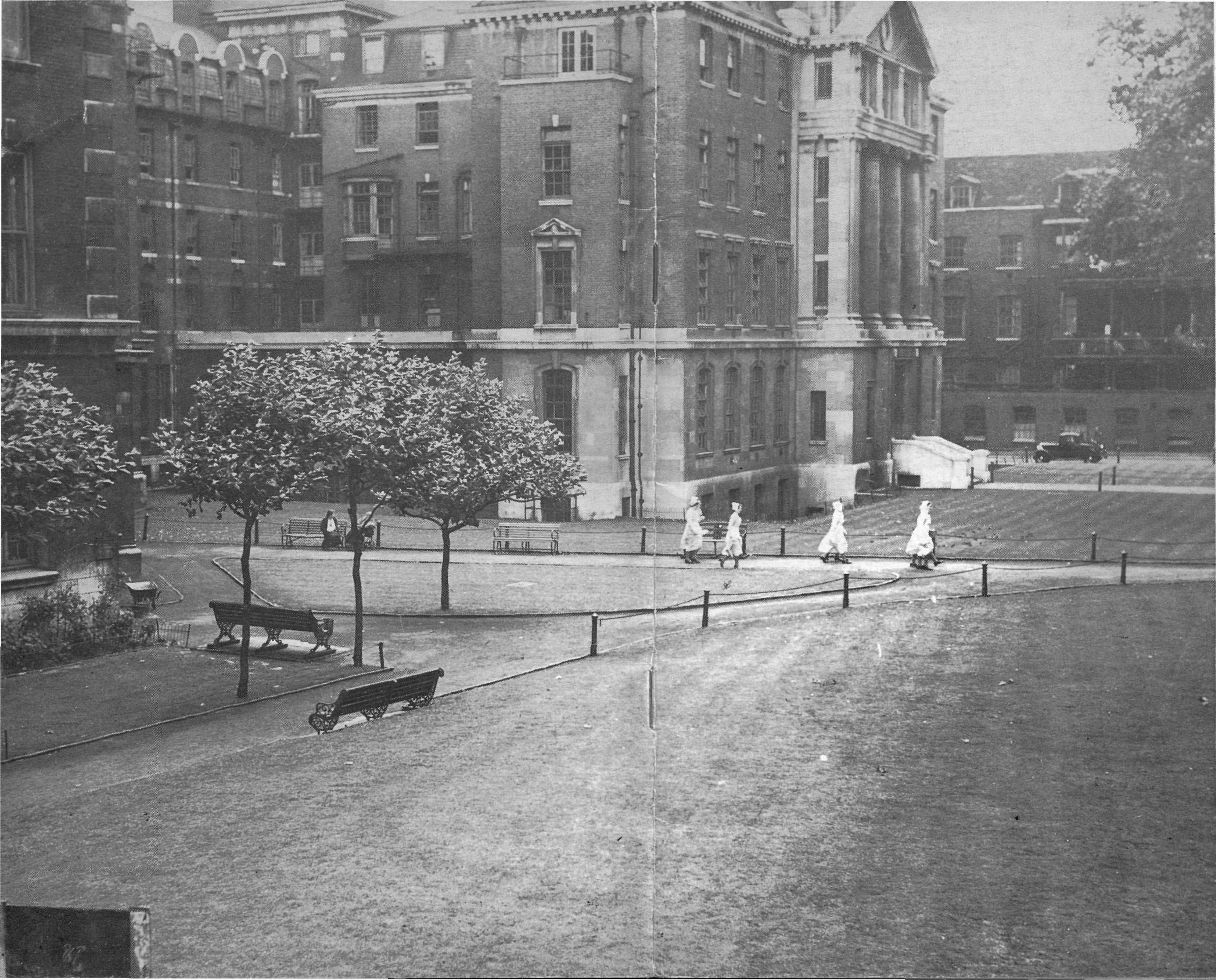

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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GEORGE **ROSE**

Passim

A Case of Elective Surgery

One of the sad facts about undergraduate medical education is that it is such a massive charge through an enormous syllabus. The amount that a student has to learn is ever-increasing and there are few points in the course where there is truly time to pause and move into the slow lane to cement your thoughts and skills. This is particularly the case in the clinical course where there are no longer the long holidays associated with the normal university terms. The course consists of eight or nine-week stints in the various specialities during each of which the student is bombarded with yet more new information. There are perhaps three main opportunities to get things into perspective: the British elective three-quarters of the way though the first clinical year, the Regional appointment during the second clinical year, and the final year foreign elective.

The British elective and the Regional appointment are in some ways similar, providing an opportunity to spend time in a hospital very different from Guy's. There isn't the pressure of the formal teaching sessions nor the nuisance of the sign-up to remind you that you are a mere student. In addition, the one-to-one informal teaching that often occurs on the elective or Regional can be extremely valuable in its practical content.

However, it is more often the foreign elective that really gives students the opportunity to practise and develop clinical skills in a more relaxed atmosphere than at Guy's. Until this year, the elective has been an eight-week period, which is extremely short. Many students take the opportunity to travel to hospitals in the Far East, Australia and Africa, all of which are expensive places to visit. In calculating the budget for an elective, the air fare is undoubtedly the most expensive item, the cost of living in many of these places being much lower than in London. Financially it would be more of a bargain to spend a longer time abroad.

What about the clinical experience gained working abroad? Very often a student is given much more responsibility than would be the case at Guy's or on the Regional, which is invaluable experience. The quality of medicine practised is often very variable, which is a useful thing to recognise after the high standards and high tech medicine we see at Guy's. In addition, many of the clinical problems encountered will be different from those seen in the U.K.

Finally, and most importantly, the foreign elective is a personal experience – a short holiday after the rigours of pathology finals, an opportunity to go to an unknown place, to see a bit of medicine in a radically different environment, pause for thought before finals, etc.

So why is it only eight weeks? Most other schools allow a three-month elective period which really does present the student with a golden opportunity to use the period properly and financially prudently. While Guy's has in the recent past allowed eight weeks, notice has just been given that this coming year (1988/89) it is to be *reduced* to seven. The reason for this is apparently that U.M.D.S. now wishes to use London University-set pathology exams rather than papers that have been set 'in house' and approved by the University and which could be timetabled at U.M.D.S.'s convenience. Whatever the reason, the elective becomes a far less useful period than it was ever intended to be. Financially, the air fare to any far-flung place becomes a disproportionately large part of the budget. Leaving aside about a week for travelling, this reduces the time actually spent at the hospital to only six weeks. This is really the minimum period in which useful clinical experience can be obtained – indeed some hospitals demand a minimum of six weeks. But this hardly leaves time for a short break after pathology finals, for sight-seeing and for clearing the head before the final haul towards M.B., B.S. Is it too late to save our eight week elective? Reducing it to seven weeks is like making cuts in a system which already has been honed down to contain no slack.

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Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

News in Brief

Mary Lane

With great regret, we record the death on 24th February of Mary Lane, last remaining child of Alfred Dunhill the founder of Dunhill Holdings, and from 1934 until his death in 1953 the wife of Geoffrey Holman, a Guy's man.

The Dunhill Trust, of which Mrs Lane was principal Trustee, has been a most generous benefactor of Guy's over many years. An appreciation will appear in our next issue.

Sally Warden (née Beckly)

Sally Warden trained as a radiographer at Guy's 30 years ago and was employed on the staff until she left to marry Colin, a Guy's-trained dentist.

Sally died last autumn and since then Colin and their children, Claire and Matthew have established the Sally Warden Cancer Research Fund with the aim of raising money for the Imperial Cancer Research Fund. It has been agreed that the money will be allocated for the development of the new Oncology department in phase III of the Guy's re-building scheme.

One of the fund-raising events is to be a Charity Ball to be held on Saturday, 30th April at the Royal Garden Hotel, Kensington from 8 pm to 2 am. Tickets are £50 each for a four-course meal with wine, dancing and cabaret. Tickets can be obtained from: Mrs. Elizabeth Appelhans, Weynourne, Nuns Walk, Virginia Water, Surrey GU25 4RJ. Tel. 09904-2364, or Mrs. Elin Peters, Buckelew House, Sunning Avenue, Sunningdale, Berks SL5 9PW. Tel. 0990-23988.

Gazette Staff Changes

After almost six months of chaos in the *Gazette* office, we have appointed a new Manager, Margaret Flanders. We welcome Margaret and wish her well. Our Sports' Editor, Stuart Millar, was recently elected President of the Clubs' Union and has had to relinquish his position with the *Gazette*. While wishing him luck as President and reminding him of his committment to write the Clubs' Union News every month, we welcome Dave Quick as our new Sports' Editor. We also welcome Gaynor Uffett who joins the staff as a News Editor.

Gazette Office

The building in which the *Gazette* has had its office since 1984 is to be knocked down in favour of a hopefully more attractive one. The *Gazette*, however, will not be rehoused in its present site and is grateful to the Medical School who have found space for us in the Basement of Boland House. The Table Tennis Room, which was otherwise seldom used, is to be partitioned into two rooms, one of which is to be our new office.

James Mansie and Alan Thompson's 80th Birthday Dinner

Both James Mansie and Alan Thompson will be having their 80th birthdays this year. A Dinner to celebrate this happy event has been organised for Friday, 11th November 1988 in the Robens Suite at Guy's Hospital. All those who worked with them in the past and their friends as well as their partners are most welcome. The cost of the Dinner and a small presentation will be £22.50 per person. We hope to have a very good attendance and as arrangements have to be made in advance, would those wishing to be present at the occasion please send a cheque made payable to U.M.D.S. as soon as possible to: R. C. Bret Day, Floor 22, Guy's Tower, Guy's Hospital, St. Thomas' Street, London SE1 9RT.

Learning Healthcare in a Nuclear Age

A one day conference on this subject will be held in London on 19th November. There will be a number of 'VIP' speakers and a chance for both debate and small group discussion. All medical students, students in the health care professions and those involved in medicine and medical education are invited to attend. It will be an opportunity to listen, discuss and analyse the issues.

For further information please contact: Jane Oberman, Medical Campaign Against Nuclear Weapons, Tress House, 3 Stamford Street, London SE1 9NT. Tel.: 01-261 1266.

Music Club Charity Concert

The Music Club will be giving a performance of Carmina Burana by Carl Orff in Southwark Cathedral on 27th May. Proceeds from the concert are to be added to the funds raised by G.R.A.C.E. whose beneficiaries are the Guy's Oncology Unit and the charity Intermediate Technology. Any singers and instrumentalists who would like to be involved will be most welcome at the first rehearsal at 5.30 p.m. on 25th April in Boland House.

Mark Slade

Congratulations to Mark Slade, second-year medical student and frequent contributor to the *Gazette*, on winning his third national sabre title at the de Beaumont Centre, London. He beat John Lankshear 10–7 in the final, which was the first British sabre final to be judged on electrical equipment.

Forty Years On

We were recently sent a copy of the Finale from the Residents' Play in 1947 which portrays the optimism prevalant at the inception of the N.H.S.

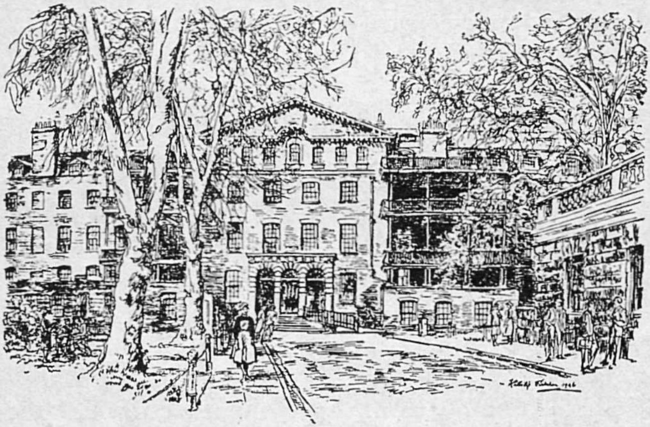
It's gonna be Heaven
A-working with Bevan;
At Sixes and seven(s)
No longer we'll be the Collaboration
Of Guy's with the nation
Will mean the creation
Of History.
Poor old Guy's was badly battered by Hitler and all his crew.
Like a phoenix from the ashes will rise a Hospital new.
Our ancient tradition
Will gain by addition
Of solid nutrition
From country and State.
And now there's nothing more to say.
We hope you have enjoyed the Play.
We're going to say goodbye till 1948.

Forty years on the Residents did not put on a play – no doubt due to the cuts. In honour of this fortieth birthday, the *Gazette* would like to offer a prize of a pewter tankard engraved with the Guy's crest for the best "Finale" for this year. Entries to be received by 30th April. Our thanks to J. W. A. Crabtree for sending in the 1947 Final (written by Tom Hills).

Stop Press

There is to be a Residents' Play this year. 'Robodoc' will be performed in the Harris Physiology Theatre on 14th and 15th April, 1988 at 7.30 p.m. Tickets are £2 available from Dr. Marcia Hall.

Guy's Notelets



The Park, Guy's Hospital

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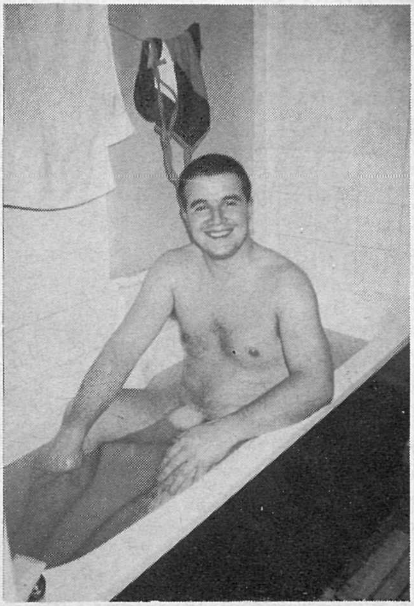
Clubs' Union News



The new President cleans up his image

There has been a lot of trouble at Hops recently. This is in part to do with the security arrangements. However, there is much the student body can do. We must have a more responsible attitude towards security. We are now firmly establishing the fact that only medical and dental students can sign people in. Please make sure that you know the person you are signing in as strangers can be very persuasive when they want someone to vouch for them. You also have a part to play in the Hop. Do try and stop people from causing damage. If you don't want a personal confrontation then tell security. If things continue at the current rate then hops will have to stop since the cost of repairing damage is becoming prohibitive.

At the recent Council meeting, a motion was agreed that at least 50% of the Spit should be designated a no smoking zone and that the smoking area should be furthest from the food area. SMEC are doing a questionaire at the moment and their results will be known soon. The motion is being put to the Catering Committee who may then decide to work upon it.

Congratulations must go to the second XI football team who won the cup on Wednesday. However, where was the support? In both the rugby and soccer cup games the supporters were outnumbered by the opposition followers. People complain about the decline of sport at the Hospital. This decline is reflected not in the standard of play but in the interest shown by the Hospital itself. How about more support in future?

Stuart Millar
President

Skiing is Believing

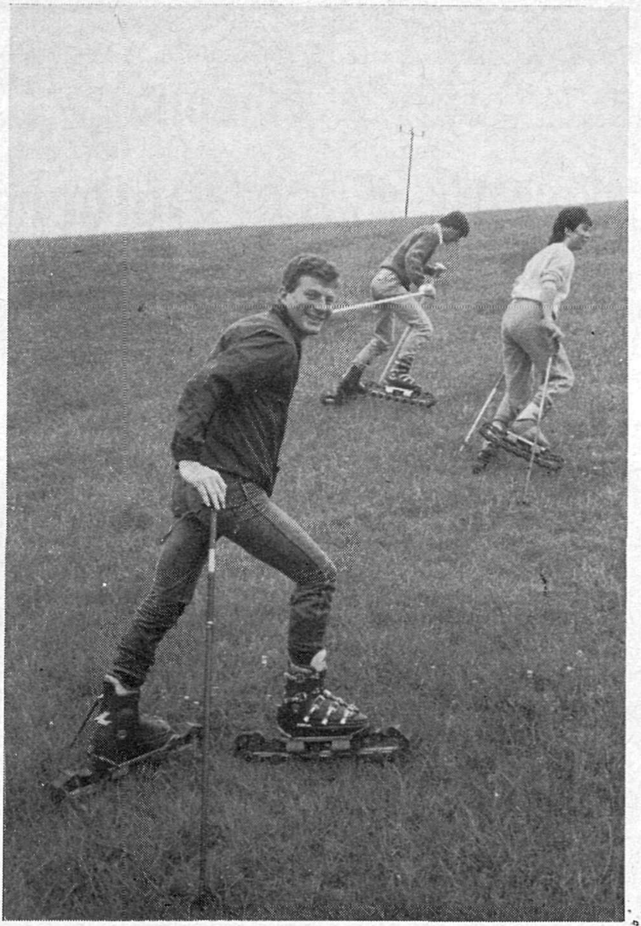
The Guy's Ski Club was founded in 1984 by a few keen and dedicated "downhillers". Since then, it has been a success story equal to none, with over 200 participating members to date.

There have been numerous trips to the Alps (French, Swiss and Italian) with King's Ski Company. Each year Guy's produces their own holiday brochure detailing events of the coming season. In 1988 there are 5 trips to Tignes, Serre Chevalier, Meribel twice and Alpes D'Huez in the summer. All, so far, have been a great success, both on the pistes and off. The après-ski has to be particularly recommended or so those who remain sober long enough to remember tell me!

CREPES
ROQUE MONSIEUR
QUI

Photo call, Meribel, New Year's Day 1988

But the Club is just as active away from the snow. There are pre-ski sauna and jacuzzi evenings, plus aerobics classes, just so you can get real value for money, and feel the pain before the skiing, as well as after it! Likewise, the après-skiing continues long after the holiday, with hops, gluhwein evenings and social get-togethers. For those who cannot get their boots out of the bindings, beginners and experts alike, there are monthly dry-slope



Nick Sarson caught momentarily on his feet

races, with the emphasis firmly on fun. Guy's 1st team has consistently performed well in the London intercollegiate dry slope races, with placings in the top three.

The grass-skiing in the summer gives just as much enjoyment. With tank tracks on your feet and the smell of the country in your nose, you are free to roam where only cows have gone before!

The very keen have gone off in search of "Summer Skiing", combining runs on the glacier (depending on the cuisine) with windsurfing, horse riding, rapid racing, tennis, golf and hill walking.

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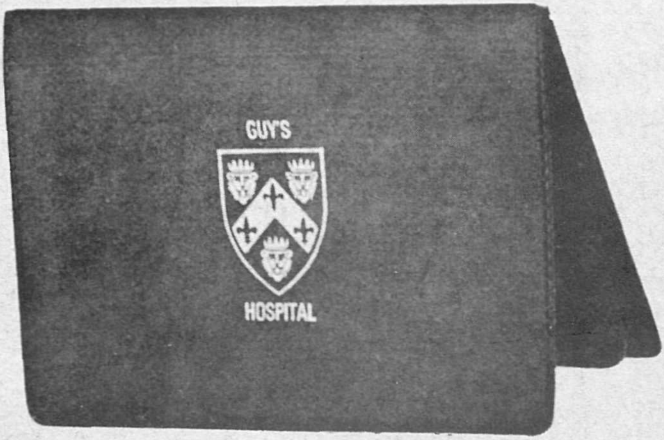

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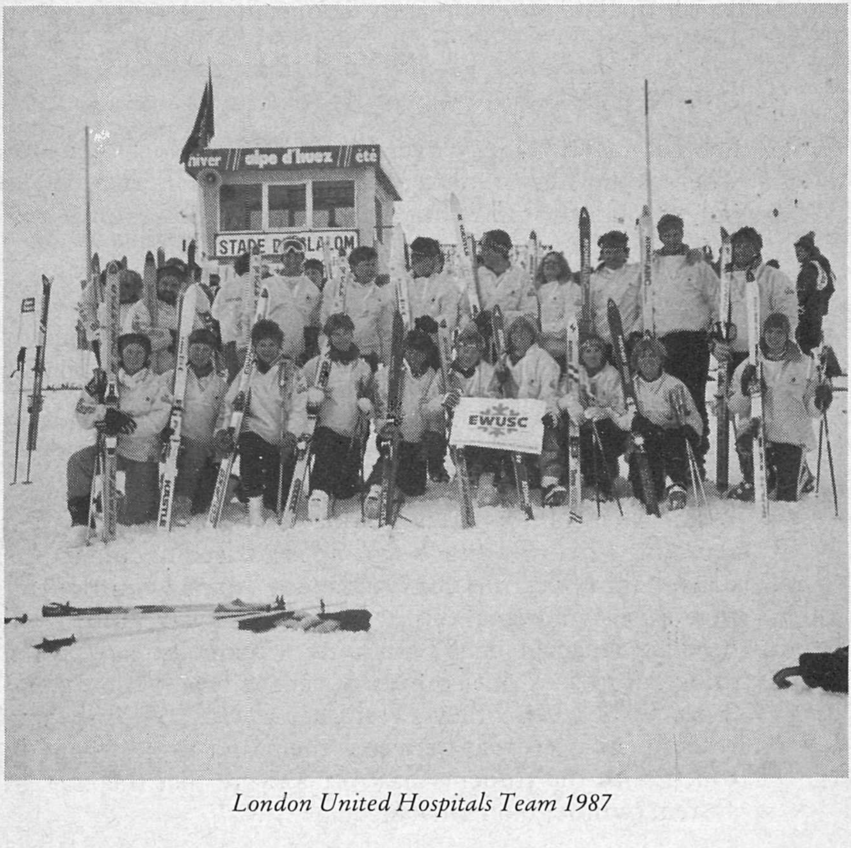
There are however, those who are not in it just for the gluhwein. Guy's Ski Club has a few of its more proficient members selected each year to represent the University of London in the English and Welsh University Championships. Six hundred students from over twenty-four Universities all gather in one resort for a week of organised chaos – fast racing and fond memories. In 1987–88 Charles Balcombe, Earl Read-Ward, Alex Korff, John Paddle and Simon Vale were chosen. London United Hospitals A Team won the Parallel Slalom, obtaining a 3rd in the Giant Slalom and the Women's A Team won both the Giant and Special Slalom. In the individual events Charles Balcombe came 9th out of 130 in the Special Slalom.

Guy's can be proud of its Ski Club. It is set to go from strength to strength.

C. P. Balcombe



London United Hospitals Team 1987

The Sign-up System: A Modern Management Approach

by Phil Steadman, M.Sc. (Management Science)

4th Year Medical Student

Many students agree that the sign-up system as it now stands is unsatisfactory, and yearn for something better. I would like to argue a case here for maintaining the concept of 'sign-ups', which I think is very worthwhile, but overhauling its administration, which I think is out of date.

The proposed new system would be along the lines of not only the Civil Service (which in reality is often a leader in the field of enlightened management policies), but also many other companies who place the morale of their people very highly.

Some of the major complaints about the current sign-up system are:

(1) It often appears arbitrary.

(2) People get very angry over the so-called 'block sign-up' where some sort of average appears to have been worked out, if indeed there has been any working out, and everybody gets an identical grade.

(3) There is a lack of information. The clinical notes booklet says 'sign-ups for some firms . . . are given more weight than the others'. Wild rumours abound as to what in fact this actually means.

(4) The sign-ups are decided without any prior discussion at all with the students who are the main people affected by them. The clinical notes booklet says that any student receiving a below average sign-up is advised to contact the consultant concerned for 'guidance'. Apart from the fact that this is rather authoritarian, and very remote from modern management methods, students are often reluctant to seek out consultants at the best of times, and especially when they feel aggrieved. A breeding resentment is created between 'them and us'. Anyone in touch with the students has to be aware that the current system cannot go on unchanged.

So, I propose the following (based on current successful management practice):

(a) A clear statement needs to be issued saying exactly which sign-ups carry which weight. This will hopefully abolish the current situation where students try to guess at the Medical School's intentions!

(b) At or near the end of each firm, the consultant or his deputy takes a few minutes to prepare a written proposed sign-up with clear reasons (which could include strengths and weaknesses) for each of his students. The sign-up at this stage is tentative only.

(c) The consultant then takes a few more minutes to see each student individually to discuss his opinion and choice of sign-up.

(d) The student is *genuinely* allowed to put forward his viewpoint, and a final agreed sign-up is negotiated between consultant and student, there and then, which both have to sign. This cannot be appealed against later. This takes a little humility. It is expected that this process would only take an average of 20 minutes per student.

(e) If agreement simply cannot be reached, the consultant sends his own proposed sign-up with comments, along with the same from the student on the same sheet, to an independent designated person, who arbitrates, whose judgement is final and who can adjust the sign-up both up or *down*! (in the light of petty appeals).

If the system is made to work properly, then step (e) should not often be needed.

I think the benefits would be far-reaching. This system involves a very small amount of time compared to the length of the firm, but would I think introduce much more openness and agreement, and remove the current 'authoritative' element which students find so unpleasant and so unfair.

I would appeal to each consultant to consider this system (at least steps (b) and (c)). It works extremely well in many settings already, and I am positive it could be made to work here as well, to the benefit of all.

Guy's Hospital Gazette

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(in press)

From our Foreign Correspondent

Nuclear Medicine

I recall two general knee-jerk style responses by the West to the Chernobyl nuclear accident several years ago. On the one hand, the nuclear power industry immediately assured us that 'It could never happen here.' On the other, the United States and British governments (and those of other Western nations) loudly condemned the Soviets for their initial secrecy over the incident.

Paul Brown's recent article in the *Guardian* therefore struck me as interesting. Under the headline 'Public check of nuclear safety records rejected,' he reported that

> An offer to allow public examination of structural X-ray records to prove that Hinkley Point B nuclear power station is safe has been withdrawn by the Central Electricity Generating Board.
>
> Ten months ago, allegations were made that faulty welds revealed by X-rays had not been repaired. The claims were investigated – and rejected by the board and the Nuclear Installations Inspectorate. However, the welds were not X-rayed again. . . .
>
> At the time of the original allegations [based in part on a welder's admission that his team had covered up a faulty weld in the turbine hall] . . . station manager Mr John Outram said that since there was nothing to hide the records could be inspected by the public.

Perhaps among the other side-effects of radiation experienced by those having anything to do with the nuclear industry is a tendency towards excessive secrecy. The *Independent* of 17 December 1987 reported that

> The Government does not intend to publish any plutonium production figures for years earlier than 1986–87, for fear that someone could . . . calculate how much plutonium was exported.

Physicist R. V. Hesketh of Bayero University in Nigeria (I wasn't aware that the *Independent* had already penetrated the Dark Continent) wrote back that approximately seven tons of plutonium had been exported, 'all from the civil programme, and all for the express purpose of making nuclear weapons' (11 January 1988).

The *Sunday Times* of 17 January 1988 contained 'leaked' details of a 'Secret nuclear safety test' to be carried out at the Trawsfynydd reactor in North Wales next month. The test would involve 'an emergency shutdown of its reactor and cooling systems' similar (according to reporter Peter Hounam) to those causing the 1957 Windscale fire as well as the Chernobyl disaster.

After noting that the 'CEGB has not told local authorities and MPs of the plan', the *Sunday Times* quotes a CEGB spokesman: 'We admit that an announcement was not made but that is not the same as saying it is being kept secret.' (Following widespread protest, the test was postponed.)

Of More than Academic Interest

A more established hazard of radiation – its carcinogenicity – has been much discussed in relation to seemingly excessive rates of leukaemia in children born near the nuclear establishments. Of relevance to these investigations must be the recent re-evaluation of radiation risk estimates following a joint U.S.-Japan reassessment of the radiation doses inflicted upon the inhabitants of Hiroshima and Nagasaki in August 1945. Leslie Roberts's article 'Atomic Bomb Doses Reassessed' (*Science* 1987, **238,** 1649-1651) explains how this is

> of more than academic interest – most of what we know about the biological effects of radiations are based on the study of some 90,000 survivors of those two attacks.

Space limitations sadly preclude a full discussion of this noteworthy article (to which I enthusiastically refer any interested readers). Briefly, though, it seems that the neutron radiation dose of the Hiroshima bomb has previously been overestimated (partly because the day's humidity, which absorbed some of the neutron dose, had not been taken into account). This is crucial because, as Roberts explains,

> Neutrons are known to be far more effective than gamma rays at inducing cancer, which was thought to explain the higher cancer incidence in Hiroshima relative to Nagasaki. . . .
>
> But according to the new calculations, the neutrons at Hiroshima did not really exist, at least not in the number previously assumed. 'What we blamed on the neutrons we now have to attribute to gamma rays . . . Now we are pretty sure it was gamma rays causing the cancer.'

The upshot of the research, or at least the 'preliminary analyses' is to

> suggest that the risk of getting cancer from gamma radiation, the most common type of radiation to which the population is exposed, from both background and medical sources, is twofold or more greater than previously believed.

Presumably those currently investigating increased rates of leukaemia around Sellafield and other U.K. nuclear establishments such as the fast breeder reactor at Dounreay and the Atomic Weapons Research Establishment at Aldermaston will take special notice of these results. Sir Douglas Black, commenting on 'New evidence on childhood leukaemia and nuclear establishments' (*BMJ* 1987, **294**, 591–592), noted that 'the likelihood of a connection between nuclear plants and childhood leukaemia is enhanced by the finding of an increased incidence of leukaemia near Dounreay' (p.603 of same issue). He goes on to write that the authors of the Dounreay report

> are no more successful than we [the Independent Advisory Group] were in accounting for the gap between the number of cases of childhood leukaemia expected from estimating radiation exposure and the larger number seen.

Perhaps these new radiation risk assessments will help to shed some light on this 'gap'.

One person who would seem not to be worried about radiation hazards and carcinogenesis is '(Dr) Tony White' of the CEGB, writing to the *Guardian* (16 January, 1988). The parenthetical doctor (of what?) seeks to discount the carcinogenicity of radiation as an explanation for increased rates of cancer in the 60s and 70s:

> Cancer rates in this country have been increasing for most of this century, i.e., *before* nuclear power was invented. The cause of this increase is easy to find.
>
> Medical science and better living conditions reduced the number of deaths caused by infection. As fewer people were dying of TB, pneumonia, etc., they were living longer; but the number of deaths from other diseases rose.

Dr White is quite correct in pointing out that as people live longer – and as diagnostic methods improve – more cancers will be detected. But surely there is more than a single cause of the increased cancer rates? And surely radiation (along with a number of other man-made 20th century carcinogens) is one of them – as attested to by the cancer-ridden victims of Hiroshima/Nagasaki, Chernobyl and, it seems, several U.K. nuclear establishments.

Guy's in the Thirties and Sir Arthur Hurst: Part II

by Sir Ralph Jackson

In June 1937, four weeks before qualifying, I was appointed one of the six Clinicals to the newly knighted Sir Arthur Hurst, which period of three months I found thoroughly stimulating and thought-provoking.

The Tuesday combined rounds in Mary Ward were a revelation. Up to 60 or 70 people would attend, including one regular distinguished physician, Sir Adolphe Abrahams (brother of the athlete Harold) from the Westminster Hospital, resplendent in top hat, morning dress and white spats. He would slowly lower his very long stethoscope into his top hat as he took his place near Sir Arthur; often appearing asleep (I think he was on occasion) he would leap up and deliver a long dissertation on the subject at hand. Depending on its length, Arthur would activate his favourite trick and switch off his hearing box! Other visitors I remember were Witts from Barts and Tommy Hunt from the London.

Thinking of Hurst's original contributions on the alimentary tract, especially his radiological studies, reminds me of a light-hearted radiological study of his. He lived in Ascot and one day during the race meeting he saw a sword swallower performing his act. Arthur persuaded the man, with the help of a ten shilling note, to come to Guy's and repeat his performance under X-ray monitoring. The result was a beautiful X-ray of the sword in the straight line position from pharynx to the end of an elongated stomach!

Arthur Hurst formed the first Gastroenterological Club in that year 1937, the first meeting taking place in November. Let me quote an abstract from Sir Francis Avery Jones' recent description of that memorable meeting (at which he was present by the way) published last September 1987 in the Jubilee Supplement of *Gut* – the penultimate paragraph:

> . . . Finally E. B. French introduced by Hurst, suggested on personal experiences of himself and a few colleagues, that the physical basis of the morning after was a disturbance of hepatic function as determined by the laevulose test and associated with a transient achlorhydria.

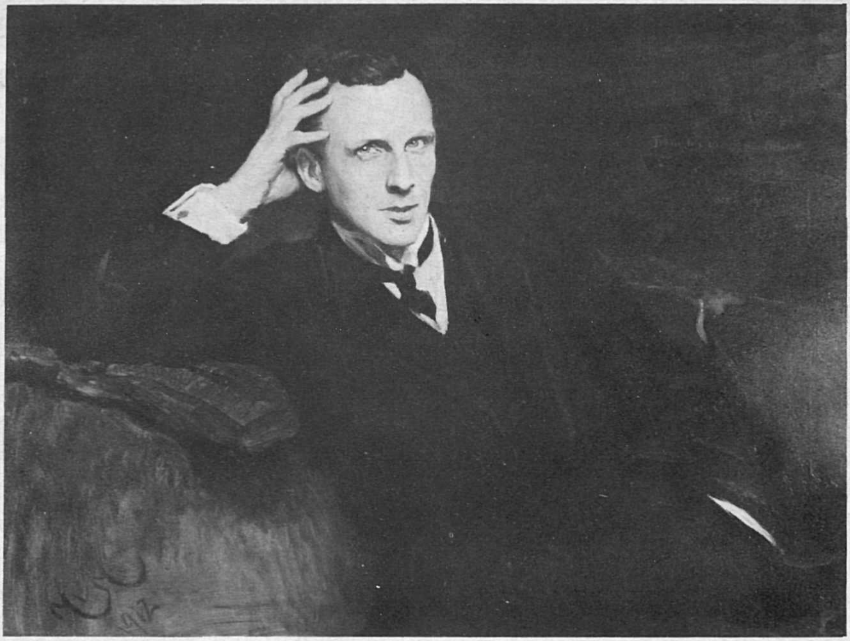
I thought perhaps you would like to hear the story behind Ted French's comments. Arthur had wondered what caused the 'morning after' symptoms, liver or gastric dysfunction, and thought who better to experiment thus but his six Clinicals, Ted French, Charles Dick, Wolf Tillman, Joe Burnand, David Willis and myself. Conybeare, then Warden of the College and residing there, said he would supply plenty of alcohol and a good dinner! So on the first day, all six of us had Ryles tubes passed for half hourly samples and blood was taken hourly for laevulose tolerance liver tests. That evening Cony certainly got us all very alcoholic, having started by swilling absinthe round our glasses! I remember nothing after the soup until I came to at 3 am, dressed only in pants and vest in the middle of Mary Ward loudly insisting on doing a ward round. Luckily I was speedily evacuated back through the underground before Sister Mary wakened in her bedroom, situated in a suite in the middle of the ward. The next day only three Clinicals were upright; however, all the tests were repeated on each other so Arthur had some figures to quote!

Another contribution of Arthur Hurst to Guy's was that of Editor of *Guy's Hospital Reports* and in this respect, I can do no better than quote Lord Brock's tribute in his oration on the occasion of Guy's 250th anniversary:

> . . .An annual journal was transformed into a virile, original quarterly. This was entirely due to his efforts and achievements and it can be truly said that the *Guy's Hospital Reports* between the two great wars was a personification of Hurst himself.

Incidentally, a very good pen portrait of Sir Arthur by W. N. Mann appeared in the *Guy's Gazette* of 30th June 1979, commemorating the centenary of his birth.

Four of us Clinicals, Ted French, Charles Dick, Joe Burnand and myself were chosen to start the usual series of medical and surgical house jobs, however all six became Residents. I became A.H.P. to John Conybeare, then all four of us became Out Patient Officers for 3 months, non-resident and paid £3 a week. In twos we alternated three days in Casualty in the front surgery and three days doing medical out-patients. The work was 9 to 6 pm, we all bought bowler hats and umbrellas and thought we were very smart! I then became A.H.S. to Heneage Ogilvie, who performed at lot of alimentary surgery and I always considered him to be Arthur Hurst's surgeon. Arthur was very definite about what he wanted done to his referred patients. He would come into the



Arthur Hurst – from a portrait by Herkomer

theatre with some of his firm, sometimes with scant regard for sterility, tell Ogilvie exactly where to cut a colon, then retire with his entourage. When Ogilvie was away, the recently appointed Assistant Surgeon, Hedley Atkins would officiate.

My final appointment, on 1st July 1938, was H.S. to our senior surgeon and well beloved Joey Hughes, whose grandson, incidently, is now Professor of Neurology at Guy's. We had a great enthusiastic team, three of the senior dressers being Noel Glover, Kenneth Maclean and Clifford Hawkins. Those were exceptionally busy days and nights, none of us was paid, but had our College accommodation and meals free. However, Joey was very generous by asking me to assist him and his Registrar 'Father' Gill at operations on private patients, either in Nuffield House or the West End at 2–4 guineas for me. Much to the envy of my colleagues in my five months with him I received the princely sum of £100! Joey retired from the staff in December 1938 and had the unique distinction and compliment of being invited to continue his ward rounds because of the very special affection in which he was held. In January 1939 I had the privilege of attending a dinner held in his honour at the Café Royal by all his House Surgeons. My menu was signed by so many famous names in medicine and 30 years later I presented it to Joey's son Tony, a chest physician in Chester.

Just before making this recording, I was reading about the tragic King's Cross underground disaster, together with a list of previous underground accidents, including one in 1938 at Charing Cross, which reminded me of my participation. When I was Hughes' H. S., one day an emergency call came into Guy's, Barts and Charing Cross Hospitals about a crash underground at Charing Cross. Hedley Atkins gathered myself, some dressers, nurses and equipment and we all shot off in two taxis. We went into the tunnel where one train had hit another and shot up into the roof. Four were dead and many injured, two dying later – my first experience of multiple trauma.

I left dear old Guy's and those warm Bermondsey people on 16th November 1938 to join the RAF Medical Branch with one of John Conybeare's many generous gifts – he insisted on lending me his Lanchester car with Rance, his chauffeur, and told me to take my fiancée (a Guy's Radiographer, and now my wife for 48 years) in order to drive to RAF Halton. My arrival in front of the Rothschild mansion Officers' Mess caused quite a stir, but that's another story.

There was a postscript to all this; I was to see Guy's again before the thirties had gone. In July 1939 when I was at RAF Bicester, near Oxford, my friend Mike Hutton, who was then Resident M.O. to Nuffield House, arranged for me to relieve him for a fortnight's holiday. So, with official permission and great delight, I started at Nuffield in early August among everyone I knew. Ten hectic days later, asleep in the College, I was awakened at 6 am by the huge Ship (Shipcott), the senior porter, with a purple telegram in his hand saying 'I haven't seen one of these since the last war. I know what it is, Sir: you are recalled to your unit.' He was right, and on 2nd September I was crossing the Channel for France.

Overleaf: A photograph of the Quadrangle at Guy's Hospital from the 1930s.

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The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. These are shown on the next five pages. Prices include postage and packing.

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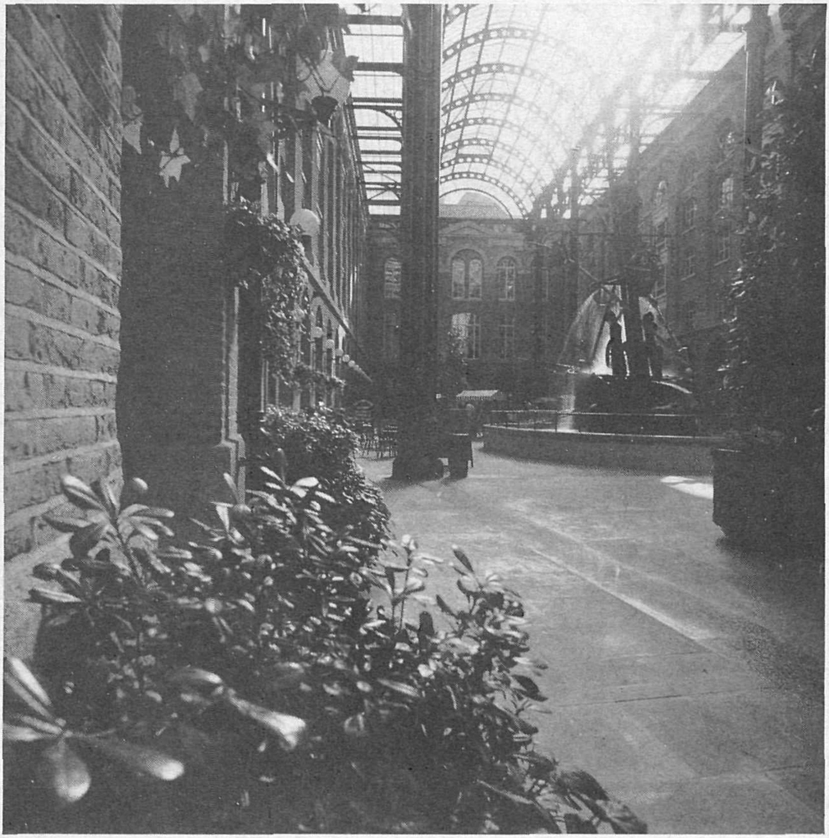
The Hay's Galleria

by Mr. Michael Chapman

For *Gazette* readers, who are primarily old graduates of Guy's, I am sure that if you have not been in the vicinity of the Hospital for the last 2 years you would be amazed at the changes on the River.

The largest single office development in Europe has transformed the riverside from London Bridge to Tower Bridge. Along with office accommodation has also come the London Bridge Hospital with its hotel-like appearance but high-tech medicine. In addition and probably most striking is the Hay's Galleria.



The Galleria has been achieved by filling in the dock between two old warehouses which have been refurbished as office blocks. Lloyds Bank, Price Waterhouse, Citicorp Investment Bank, John Govett & Co. Ltd., have already occupied space in these buildings. At ground level the central piazza is flanked by shops, restaurants and wine bars as well as a pub, the 'Horniman at Hay's'. The focal point is a sculpture – the Navigator – which is basically a fountain in the shape of a sci-fi galley with moving oars and paddle wheels.

The 'Horniman at Hay's' is probably the single most popular spot in the development – especially for Guy's staff. The owners have spent in excess of £1 million renovating the site. It is certainly a high class conversion and provides a pub with a difference in the environs of Southwark. This has not slipped the notice of the City and its offspring: at 7.00 p.m. there must be the highest concentration of portable telephones in one area in London.

Summer Ball

The Hay's Galleria management and the individual tenants have shown immediate concern for Guy's, and within days of opening the 'Horniman at Hay's' adopted the Guy's Obstetric Scanner Appeal as its charity. They have also most generously supported our plan to hold the Guy's Hospital Summer Ball in the Galleria on June 4th 1988. We will be using the whole enclosed area and expect in the region of 1,500 guests. Tickets will be limited so put the date in your diary. Further information can be obtained from Ms. Annie Bower, Department of Obstetrics and Gynaecology, 2nd Floor New Guy's House, Guy's Hospital, London SE1 9RT. Telephone: 01–407 7600 x 2722.

THE RIVERSIDE BALL

at

HAY'S
galleria
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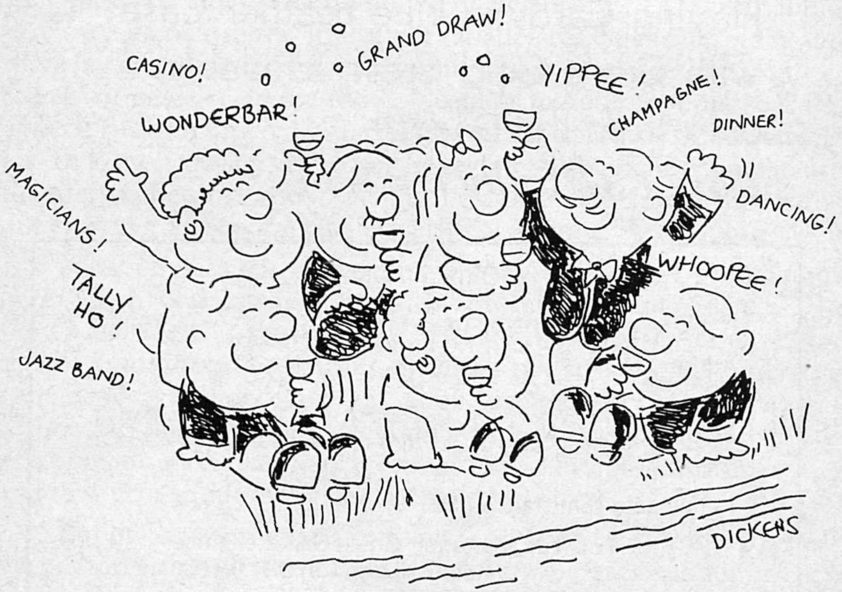
in aid of Guy's Hospital Scanner Appeal

Saturday 4th June 1988

at 8.00pm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Sue de Monas

Oh my god, the Path Block play is getting under way again. Interestingly enough every year the same thing seems to happen. First there is the infighting amongst the cast, the directors and the producers. Accusations fly about favouritism, and the commonest complaint "you just gave her the part because she's got a good figure/bedside manner" is heard time and again.

I mention directors and producers in the plural. There always seem to be more than anybody wants. Everybody in the cast has their own opinion about what these people should be doing and nobody thinks the job is being done properly. People don't turn up for rehearsals or can't sing in harmony. There is always a little gang at the back who piss about all the time. Scripts get lost and apathy sets in. Meanwhile the musicians sit quietly in the corner, striking up a tune whenever requested. The set designs begin to take shape and it becomes apparent that they were made for two foot high, six inch wide pygmies to perform on. Usually about three weeks before the first night, apathy reaches fever pitch and there is a poorly attended meeting in which everyone is told either to get with it or scrap the show. Needless to say, the show goes on. Then it's the argument about the review afterwards – oh the wrong *sort* of person was *picked* to do the review. "You deliberately chose that person because you *know* he/she doesn't like me" whinges the director. . . . The action packed thriller continues next month. . . .

What else has been happening at Guys? There are a few things here which you can rely on with absolute certainty. The tea in Guy's and Dolls is *always* tepid. The food in the Tower is *always* awful. But it is with increasing uncertainty that I wonder when the spit 'baps' will stop growing. They just seem to get bigger and bigger. Nestling like cuckoos in their little wicker baskets, they are beginning to look like small pieces of Italian designer furniture . . . and they cost about the same too!!

But of course, the question that is on everybody's lips is who's been shortlisted for the Brighton jobs. Apparently about twenty people (mainly Guy's bods) have been listed for eight jobs. So good luck all you Sir Anthony Trafford lovers. Get those eyelashes fluttering. Next month we shall see who *really* put their foot in it on Friday. (But it could never be as bad as Latimer!!) (Enquiries on a postcard please)!!

Fashion and Beauty

In

One inch on top for the boys
The Miller of Mansfield
Phil and Andy's non-invasive cardiac output equation
Dermatology Outpatients
Lecture notes – on anything
The Bermondsey Broomsticks

Out

Passing the surgery test
Skiving off path block
Spit baps
Sue de Monas
The jungle in Guy's Tower reception.

Quote of the month:

"*. . . Common sense dressed up in pseudo-academic jargonese . . .*"
(is this a description of Medicine?)

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the *Gazette* must be received 15 days before publication. Copy dates for the next two months are April 13th and May 11th.

Copy may be sent to us at Guy's Hospital, London SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the *Gazette* of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Dental Notes

What Business Are We In?

It is surely a maxim of the Griffiths' cult (both Roy and Peter) to regard a manager's role as crucial in satisfying the consumer. To do this he must ask himself 'What business are we in?'

Any forward planning for the Dental Hospital must address this question. With the restriction of resources available to us, it is a timely exercise to consider the way our priorities should be determined.

Unlike the relationship between Guy's Unit and the Medical School, there is a totally different functional necessity between the Dental Hospital and School. This difference needs to be explained when considering dentistry in the business programme or with objectives outlined in forward planning.

Over 95% of the workload recorded for the Dental Hospital's 201,000 attendances in 1987 was carried out for patients by students in training. These patients could just as easily receive that treatment in a general dental practice outside the hospital. This contrasts sharply with the treatment for which patients are perforce referred to hospital by doctors. If treatment efficiency alone is the criterion, this would be dramatically improved by substituting the resource cost of students by a smaller cohort of qualified staff dentists.

The priorities for provision of care in the Dental Hospital need clearer definition in the future if understanding of its apparent costliness for consumables be judged in comparison with other directorates. There are three major considerations. First, there is a service commitment for the treatment of trauma and relief of pain for those without immediate access to a general dental practitioner. The Primary Treatment Unit exists to satisfy this important demand. Secondly, a specialist referral service must be provided for dental treatment and/or advice for residents of the district.

Thirdly, by virtue of the £2.84m funding from the Region for Service Increment for Teaching (SIFT) there is a clear duty to make facilities accessible for training clinical undergraduate dentists. While training they will carry out routine dental procedures on suitable patients. Whether any of these service priorities constitutes a multi-district speciality for Lewisham & North Southwark Health Authority has not been confirmed.

If we are to remain the most prestigious dental school in the UK, as well as the biggest, our aspirations to remain viable when the closure of further dental schools is considered, will depend upon our ability to continue producing adequately trained dentists. Sufficient resources to do this will be determined by manpower demands, which may well change. It is hoped to safeguard the likelihood of our survival as the dental teaching hospital in the south by maintaining an expanded programme of post-graduate education which provides advanced forms of treatment.

Finally, there will be a high benefit to cost ratio for any support the hospital may give to the many research programmes continuously underway in the Dental Hospital and School.

The funding allocated to Dental Hospitals by the DHSS directly through Regional Supplies is essential for the maintenance of major dental equipment. Any Regional cuts in this funding would result in further financial burden upon the District.

In Memoriam

Dr. Harry Mullins Worth, the "father" or oral radiology, died at the age of 90 in Victoria, B.C. in the summer of 1987.

Born in England, Dr. Worth worked in a dental mechanic's laboratory before entering Guy's Hospital Dental School, from which he graduated in 1919. He turned to radiology when a back problem made it impossible to practise dentistry. He obtained first a medical degree from Guy's Hospital and then a diploma in medical radiology. After successfully practising medical radiology for 10 years in London, warnings of failing health prompted him to move to British Columbia to be close to a brother on whom his family could depend if necessary. The Canadian environment suited him and his health improved.

During the war years Dr. Worth became involved in the training of radiologists in the Canadian army and airforce in Toronto, at the same time he was serving as a radiology consultant in several hospitals in Canada and the U.S.

Following retirement, he moved back to B.C. and was instrumental in developing the Oral Radiology programme at the B.C. University's new Faculty of Dentistry in 1962. He remained active professionally and privately well into his 80s, and travelled frequently.

Dr. Worth was honoured with Fellowships in the Royal College of Physicians and Surgeons of Canada, the Royal College of Surgeons of England, the Academy of Dentistry International, the International College of Dentistry, and with an honorary Doctor of Laws degree at the centennial convocation of the University of Toronto.

He leaves a wife and daughter to whom we extend our sympathy.

Congratulations

To Peter Griffiths, District General Manager, moving up to Regional General Manager and down to Bexhill. As a token of our esteem we are taking out a subscription to the *Guy's Hospital Gazette* on his behalf. No ulterior motives will be considered.

Thanks

To everyone concerned, especially porters, works and domestic staff for their support in preparation for Clinical Day.

No thanks

To contractors hogging the spaces for handicapped drivers at the base of the Tower. They are not very well mannered towards the patients (or staff come to think of it).

Michael Maberley

The inaugural dental staff versus dental students snooker match was held on the 8th February 1988 in the very attractive snooker room in Boland House. The staff were represented by Drs. Challacombe and Rayfield, Mr. F. Macdonald, Mr. P. Robinson, and Mr. B. Howarth.

The evening had been organised thoroughly by students and in particular Mr. Tony Rose and Mr. Paul Scanlan. One suspects that much to the surprise of the student team, a very close match ensued. After 3 hours of snooker, the score stood at 8 matches all with the excellent trophy then being decided on a final black ball. The staff selected Paul Robinson to bear their colours but, unfortunately, he just missed out and the trophy was won by the students' team. Paul Robinson won a separate shield for the night's highest break of 22 points. The students must be congratulated for this energy in organising the tournament, which we hope will be the first of many.

S. J. Challacombe

Physiotherapy

This year there has been a vast increase in the number of letters from all over the country asking that the third-year students be made aware of vacancies. We have now moved from the simple duplicated statement to a booklet carrying a lyrical description of the benefits to be obtained by working in this hospital or that and, beyond that, to glossy brochures expensively produced and lavishly illustrated. It is glaringly obvious that staff shortages are such that real money is being invested – one hospital, proclaiming an open-day for students to see for themselves the delights in store, proposes not merely to pay travelling expenses and feed the brutes, but to pay a hotel-bill, where return travel in a day is impractical.

Yet, still, Regions are contemplating cuts in student-intakes.

The students themselves have become very aware that junior posts are effectively post-registration training opportunities, and are naturally concerned that a well-organised programme will be available, providing a planned rotation through a series of areas of work. They expect to be taught by the senior staff, and to be able to learn and expand the basic knowledge that they possess on qualification. Where are the best places to go, that will provide good facilities, that will look good on a c.v.?

It is difficult to detect any change in this from the patterns of previous years, and it is doubtful that the sumptuous come-ons from Bradford and Bournemouth, Grimsby and Lincoln will show a return on investment. It is also doubtful that any higher proportion will elect to take their first post in S.E. Thames than hitherto, though these are early days and a few prospecting visits over the Easter period may tip the balance. Probably, as usual, the first targets will be the major London teaching hospitals which do not have a physiotherapy school of their own. Nowaday's however, they are likely to have someone else's students on clinical placements anyway, so the idea that the teaching available will be concentrated on the junior staff may prove to be erroneous. Anyway, even in places like this with block systems of training, any given specialist-group is unlikely to have students for more than a few weeks in the year. The about-to-qualify expect high standards as well as good experience, and it is proper that they should. It is doubtful that a rural setting or a flourishing staff-club will outbid the attractions of a well-known hospital in the big city.

However, more ads will undoubtedly come in, and perhaps a well-baited one will lure a waverer. Anyway, it's nice for the students to feel wanted.

Ronald Cooper

Nursing

Of Mentors, Keyworkers & Link Nurses

A new curriculum is proposed for training nurses at the Thomas Guy and Lewisham School of Nursing in 1989. It represents a radical move away from bedside nursing to a more academically based career. In outlining this new three year course, I am only able to sketch the major proposals.

These proposals contain a long list of competence requirements which have a different emphasis for each year: the first year concentrates on assessment, the second on planning and implementation, the third on evaluation and self development. Throughout the training there are a number of units in which the student will be individually assessed, as opposed to the present final examination.

Each unit lasts approximately 3-4 months: the units on adult health care are most prominent, and from the first year introduction proceeds to development in the second year, with management and consolidation in the final year. The initial unit concerns health and the urban environment. This allows the student to explore the streets where we live and discover a wide background before embarking on direct patient contact. This is followed by a unit in developing communication skills.

Later in the course there are units on the care of the elderly and child care: whilst more practical units involving A & E, theatres, maternity care and community services follow. Each unit contains both theory and practice.

Within the units there are five main themes that are brought to bear on the particular area of study. These include – the applied biological sciences, research methods and application, study and interpersonal skills, the concept of health as seen in the sociological, psychological and health education framework. Finally, comes nursing practices, which, after listing past, present and future images, models and process, arrives at skills, namely the manual dexterity of actually nursing a patient.

I know I am not alone in having a nagging worry as to how satisfied students who enter nursing, often with this final objective in the forefront of their mind, are going to enjoy all the earlier introduction. Nursing training to date has lacked a lot of this background to health care, as those who have also studied health and disease more academically, have recognized. But whether this will imbue the young person who wants to care for fellow human beings with quite the right degree of enthusiasm, is, I think, open to question.

The increasing emphasis on health education, community care and the 'whole' patient is in line with current thinking of the promotion of good health, in contrast to simply caring for the sick, which has dominated the nursing profession for so long. But if this gives some students a taste for the desk, should we be surprised? Maybe rumours of those on YTS giving out bedpans will have come home to roost!

The overall assessment of a student's competence is the responsibility of his or her supervisor and mentor. Mentors (known in psychiatric circles as key-workers and in paediatrics as link-nurses, until a common title is chosen) work in close collaboration with the student during a specified period known in advance. They will be a staff nurse, sister or charge nurse, midwife or health visitor who can assist the supervisor in the continual assessment of the practical objectives in clinical areas related to each unit of the training programme. Each of these units will be assessed on a continuum to show the level of competence achieved.

There are thus three units, broadly, to each year of training, with fifteen single week study periods interspersed over the three years Apart from six weeks vacation in each year, there is to be a rota of night duty; once in both the first and second years, and thrice in the final year.

The aim of the new method of assessment is laudable in allowing students feedback on their progress and identifying problems at an early stage. If this helps to overcome student frustration and prevent wastage through early withdrawal from training, it will have reduced one of the drawbacks to current training. We shall see.

Denis Cobell

Correspondence

Acknowledgements Due

Dear Sir,

Reading through the Dental School Centenary Brochure I feel that I cannot be the only one who is disappointed that there is so little mention of the Honorary Staff. It was the generous gift of their time, taken from their practices and given so freely to their students and hospital patients, that so many of us remember with gratitude and affection. Surely to the name of Kelsey Fry should be added those of Doubleday, Bulleid, Rix and Thompson to name a few.

Yours sincerely,

R. D. Plowman,
Wind-Demon,
231 Manor Way,
Aldwick Bay,
Bognor Regis,
W. Sussex PO21 4HT

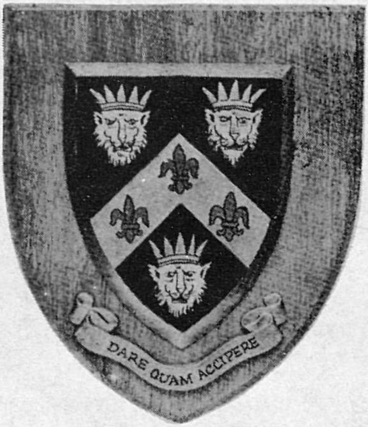
Book Review

Manual of Gastroenterology. B. T. Cooper, M. J. Hall and R. E. Barry. 171 pp. £9.95. Soft Cover. Churchill Livingstone.

"Would you like to review this book?", I was asked. "It is yet another book of lists." Thus encouraged, I picked up the book! The description was accurate without doing the book justice: it is, in fact, a very useful introduction to gastroenterology which will fit neatly into a white coat pocket. It is divided into three sections covering symptomatology, investigation and treatment, and nutrition in gastroenterology and hepatology. Refreshingly, readability has not been sacrificed at the altar of brevity, although the style is necessarily telegraphic. The *Manual of Gastroenterology* is well indexed and provides a fund of easily accessible, practical advice for those new to the speciality. I could find no glaring sins of omission or commission and would happily recommend the book to anyone, from medical student to registrar, wanting a succinct introduction to the essentials of hepatogastroenterology.

David Armstrong
Research Fellow in Gastroenterology

Guy's Hospital Gazette



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Sport

RUGBY CLUB
Hospitals Cup
Guy's 16 King's 10

After weeks of arduous training, the time arrived for Guy's to begin their Hospitals Cup campaign. Cheered on by our throng of loyal supporters, fifteen fit and strong men marched on to the pitch to do battle with King's (who could at least have washed their shirts before the game).

After a scrappy start in muddy conditions King's forwards dominated early play, taking Guy's by surprise and scoring two tries in the first ten minutes. For a period it appeared as if King's were in for an easy victory. Yet solid defence and good tactical kicking by Davies, allowed Guy's to stay in the game. By half time the forwards appeared more evenly matched.

It was not until the second half that fitness began to tell and Guy's forwards started to dominate, allowing good possession for the backs and putting the King's defence under pressure. The three quarters forced a series of errors from King's.

Poole charged down a clearance leaving Bunting (who was my man of the match) to show his blistering pace and score a brilliant try, which Davies duly converted.

Now for the first time the pack began to show its worth, allowing the back's to display their many well rehearsed moves. It was one of these moves that created Guy's second try. Following a good break by Davies; Bunting, Poole and Schaeffer cleverly created an overlap leaving Dinwoodie to score in the corner.

The supporters, led by the wasp, the pig and the clowns went wild with the scent of victory heavy in the air. The pack put King's under pressure causing repeated collapsing of the scrum, an offence which gave Davies a penalty which he took well. The nail in the King's coffin was hammered home when Davies scored another penalty, giving Guy's a hard earned but well deserved victory.

S. Potts

Team: M. Dinwoodie; W. Schaeffer; M. Rees; S. Bunting; N. Poole; N. Davies; R. Docker; M. Seare; M. Morgan; E. Cheah; P. Davies; C. Beardmore; J. Barwell; P. Dooley (sub P. Scanlan 60 min); G. Meharg.

BOAT CLUB
United Hospitals Head of the River Race

It is a regrettable fact that over the past few seasons the University of London Boat Club has neglected its duty to stage inter-collegiate regattas. Some have taken place but lacked organisation from start to finish. These events are for some colleges their sole opportunity to race against others of a similar standard. Without such competition undergraduate rowing is certainly doomed – a strange paradox at a time of increased interest in the sport nationwide.

Men's 1st VIII

Ladies' 1st VIII

This year Guy's have accepted the additional responsibility of running the United Hospitals' Club. It is to their credit that they saw fit to expand the rowing programme and obtain private sponsorship for an Inter Hospital race rowed over a distance of approximately three and a half miles. The first UH Head of the River Race was held on February 20th between the Fairbairn stone [otherwise known as the mile post] and Guy's Boat House. Eighteen crews from 9 hospitals took part and competed for the London Bridge Cups, which were awarded to the fastest male and female crews.

The weather was overcast and still, the river calm, uncrowded and at the beginning of the flood tide. The crews started at 15 second intervals – just enough to ensure a clean start but a good chase home. Several crews overtook whilst others hung on to the finish chaining their paddles with those of the following crews.

Fastest on the day were the crew from that other place who may at some time call themselves UMDS. The Guy's first crew did well to finish third overall and win the Senior C class. The 2nd eight finished 8th and the mens novice crew 14th.

There can be no doubt that the Ladies 1st eight took the honours, winning their London Bridge Cup by a margin of nearly one minute. They were also too fast for several men's crews! The Ladies 2nd eight won the Novice division – a just reward for their efforts over the past months. The third ladies crew suffered some set backs in reaching the start but gamely completed the course in style.

Mr. and Mrs. Hadyn Cook presented the prizes on behalf of the London Bridge Hospital. Their hospital was extremely generous in providing such splendid trophies and tankards for the winners, together with commemorative ties and scarves for all that took part.

All in all it was a day to remember. Guy's boated six crews, won three classes and ran the event with the efficiency that makes our club the envy of the rest of the University. The current captain, Simon Huins, and last year's, Stephen Andrews deserve a special mention for their efforts, but every member played their part and for that they should be congratulated.

Michael Gleeson
President, Guy's Hospital Boat Club

Crews:

Men's 1st VIII: S. Huins; T. Watts; D. Pullen; D. Quick; S. Pryke; J. Pollard; E. Read-Ward; M. Bould; R. Miles (Cox)

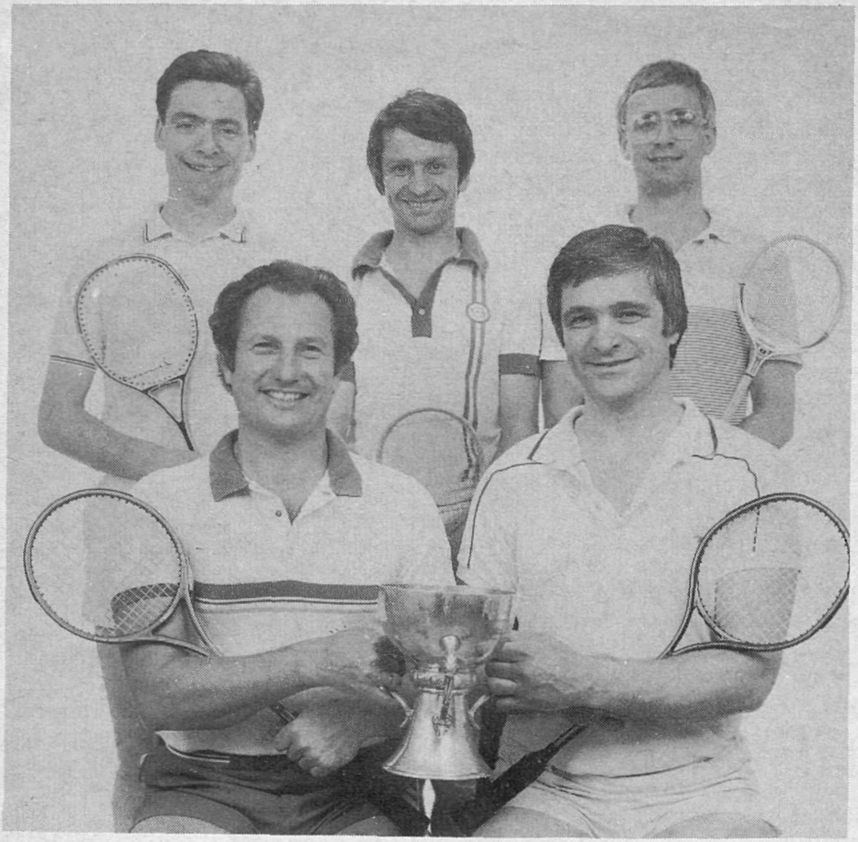
2nd VIII: A. Williams; J. Crossman; M. Lunn; M. Heffernan; D. Maudgill; M. Butcher; Can Huseiyn; N. Tomes; J. Metha (Cox)

3rd VIII: M. Patel; T. Jacobson; N. Naterwaller; A. Whelan; S. Manara; V. Tunna; A. Mosaliihi; B. J. ; S. Andrews (Cox)

Ladies' 1st VIII: J. McCurrich; S. Griffin; G. Skailes; H. Gaylard; C. Barnwell; S. Robinson; K. Godber; S. Cockayne; A. Renshaw (Cox)

2nd VIII: D. Smith; L. Gibson; D. Bessey; C. Tothill; C. Bates; C. Beecroft; R. Beck; C. Burt; S. Khakoo (Cox)

3rd VIII: J. Cripps; K. Griffiths; Sushmi; C. Walford; S. Juliens; Sheila; H. Cade; H. Osborne; K. Higham; K. Powell (Cox)



Back row L to R: Patrick Howiton; Neil Martin; Jonathan Webb.
Front row L to R: Ray Sharp (capt.); Roger Lewis.

SQUASH CLUB REPORT

Guy's win 9 in a Row

Pictured is the winning Guy's Hospital Squash team who won, for the ninth year in a row, the Hospital's Cup final beating St. George's 4–1.

The team is hoping to make it '10 in a row' this year which will make a great record in one of the oldest squash competitions in the country – first started in 1933.

Congratulations also to the Ladies side who were runners up in the final to the Royal Free.

P. H.

HOCKEY CLUB REPORT

U.H. Cup Quarter Final

St. George's 1 Guy's 4

Again the hockey club found itself in difficulty from the outset. John Hatfield was missing but fortunately our referee, Richard Russell, made an able stand-in. Even more mysterious was the disappearance of the team shirts in a cloud of fungal spores. However these problems seemed to spur our cause as we stormed into a 2–0 lead after only 15 minutes with thunderous goals from Stuart Millar and Jon Boden. But then our luck changed: the tide turned with the sudden arrival of John Hatfield, our star striker, and we swiftly dropped a goal to go 2–1. The game entered a period of tense and scrappy play but, with some outstanding goalkeeping from Navros Masani, we managed to scramble to half time. A rousing pep-talk from Alan Whelan and Stuart Millar boosted our morale and swept us to a decisive victory in the second half. All this in spite of a spectacular Millar miss of equal proportions to his ample waist. The second half goals came from Alan Whelan and Robin Russell to give us a well desesrved 4–1 victory.

Many thanks must go to our faithful supporters. They both appeared to have enjoyed themselves. It is a shame that Zafar, one of the loyal two, does not possess the same arid enthusiasm to turn up when he is selected to play. Meanwhile, the saga of the team shirts continues. . . .

I.F.

Tignes Ski Trip Report 26th December '87 – 3rd January 1988

After a rough ferry ride and a long tiring overnight coach journey, with a continued chat show by the two little devils, we were relieved to reach Tignes les Brevières on the 27th December morning. Despite the ominous snow reports from the U.K. we were glad to find snow there, a bit icy but it was one of the few areas with decent snow.

Equipped with fluorescent yellow headbands and duty free's, some of us immediately set out on our skis, with one beginner thinking "La Sache", a black run, was an easy run. Are you meant to ski on your backside?

We were soon greeted by our friendly King's Ski Club Reps, Steve and Alan, who had organised a busy social programme and kept things running smoothly, although initially our large group of 59 people posed a bit of a problem to accommodate comfortably. That night ski passes, boots and skis were all arranged, the food initially not being ideal, but improving gradually over the holiday and being accompanied by plenty of wine.

The next day we were all split up into separate groups depending on our skill and headsize, and then we hit the slopes, some harder than others! Steve chose his group more on good looks than skill and was heard to comment to Alison. "You're not quite up to it yet love, but you've got great potential." We came back aching but happy wishing we hadn't drunk and eaten so much over Christmas, to a welcome shower. We then watched the purple video of last week's picnic at the top of the Palafour slope and were persuaded to go again. Neil then crawled back to his chalet bed only to find a Christmas tree had beaten him to it!!

The picnic had as much food and wine as you could take and the video was used in evidence later on to find who threw the first snowball. The video can now be hired for adult private showing only, from James "the pixie" McCormick, almost as good as "The Blonde". In the evening there was a Who Dunnit mystery thriller, which no one got right, after some very strange questioning. But Bloat was too busy to notice as he said "Hold on to my pint Zippy I think I've pulled."

Then came the first whiteout of the racing day, which Simon Bunting's team won. Supper was a strictly bedclothing affair getting in the mood for the fancy dress party on New

Year's Eve, when the Panda was stuffed, I don't remember much but I know it ended late.

Before we knew it, it was the last night and the PARTY. A joint cabaret entertained us, thank you Harry the fruit seller, with the local stars of Tony and Sammy S . . . alias Zippy doing their best??!! Then came the awards with Sarah Luck getting the best bruise of the week award – on her neck?! Thanks Huw. Simon Bunting got the best wipeout award – the mountain survived and Zippy got the best control award for skiing both courses in the race at the same time. We then crashed out for the last day's skiing.

Some of us still managed to keep skiing to the end without crashing into too many Frenchmen, but we had to stop to catch the coach home in the evening. After another rough coach and ferry ride, we arrived, safely back in England bedraggled and knackered but happy.

It was excellent.

P. G. (15)

Hospital Information

PAPERS BY GUY'S PEOPLE

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BIRTH

COOK. To Robert and Fiona (née Beattie – Guy's Hospital School of Physiotherapy) both Guy's 1977–1982, a daughter, Eleanor May, on 22nd February 1988 at Epsom District Hospital. A first grandchild for Dr. Alec Cook and Mrs. Eileen Cook (née Williams) of Bournemouth, Dorset.

DEATHS

AMIEL, Gerald, J., M.B.B.S., F.R.C.O.G. Died suddenly at home on 8th January 1988. Qualified Guy's 1941, RAFVR on active service 1942–1946, Obstetric Resident Guy's 1947, Senior Obstetric Resident Farnborough, Kent 1947–1952, Consultant Obstetrician and Gynaecologist, Beckenham, Kent 1952 until retirement in 1979. Much loved husband of Trudie (née Schwer) and father of Alexandra and Stephanie.

BUDDEN, Jeanne Elizabeth née Baker, B.D.S., L.D.S., R.C.S. Died peacefully at Hayle, Cornwall on 23rd February 1988, aged 40 years.

WHEATLEY, Percival Ross, F.R.C.S. Died on January 20th aged 78 years. An obituary will be published in the next issue of the *Gazette*.

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RODDICK, Ian Charles. 6 Ellison Street, Newstead, Launceston, Tasmania 7250, Australia.

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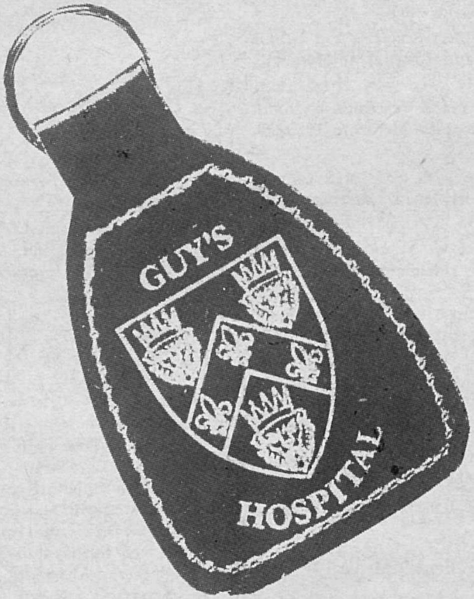

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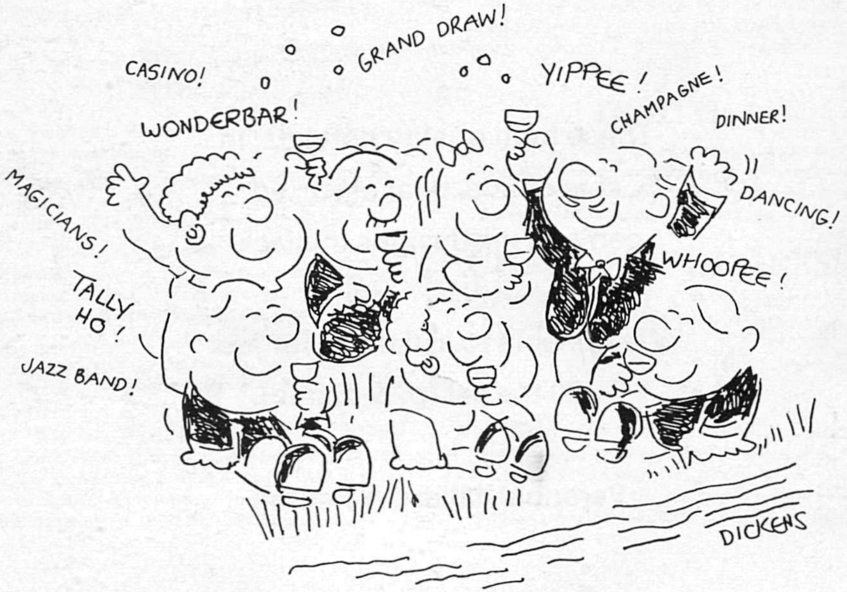
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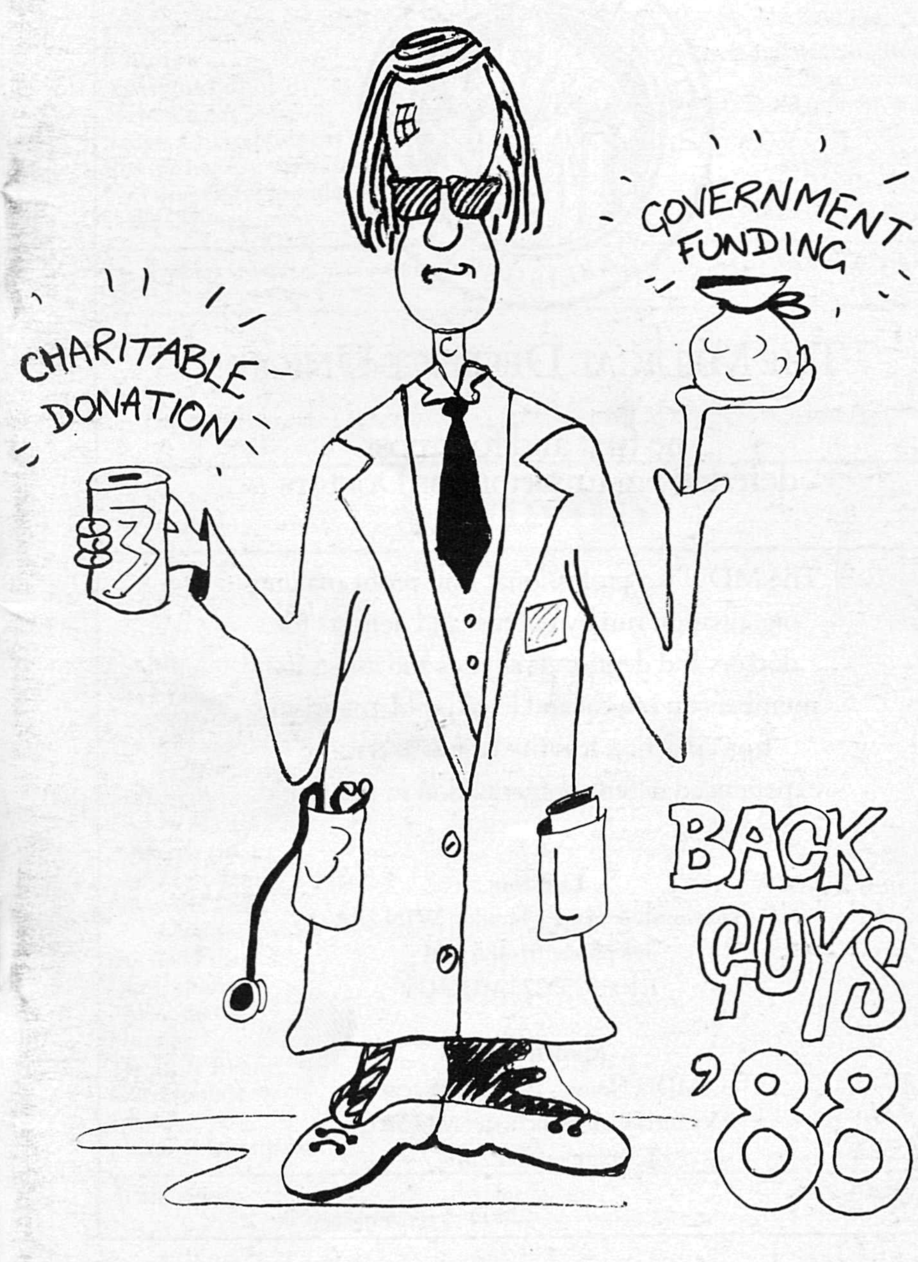
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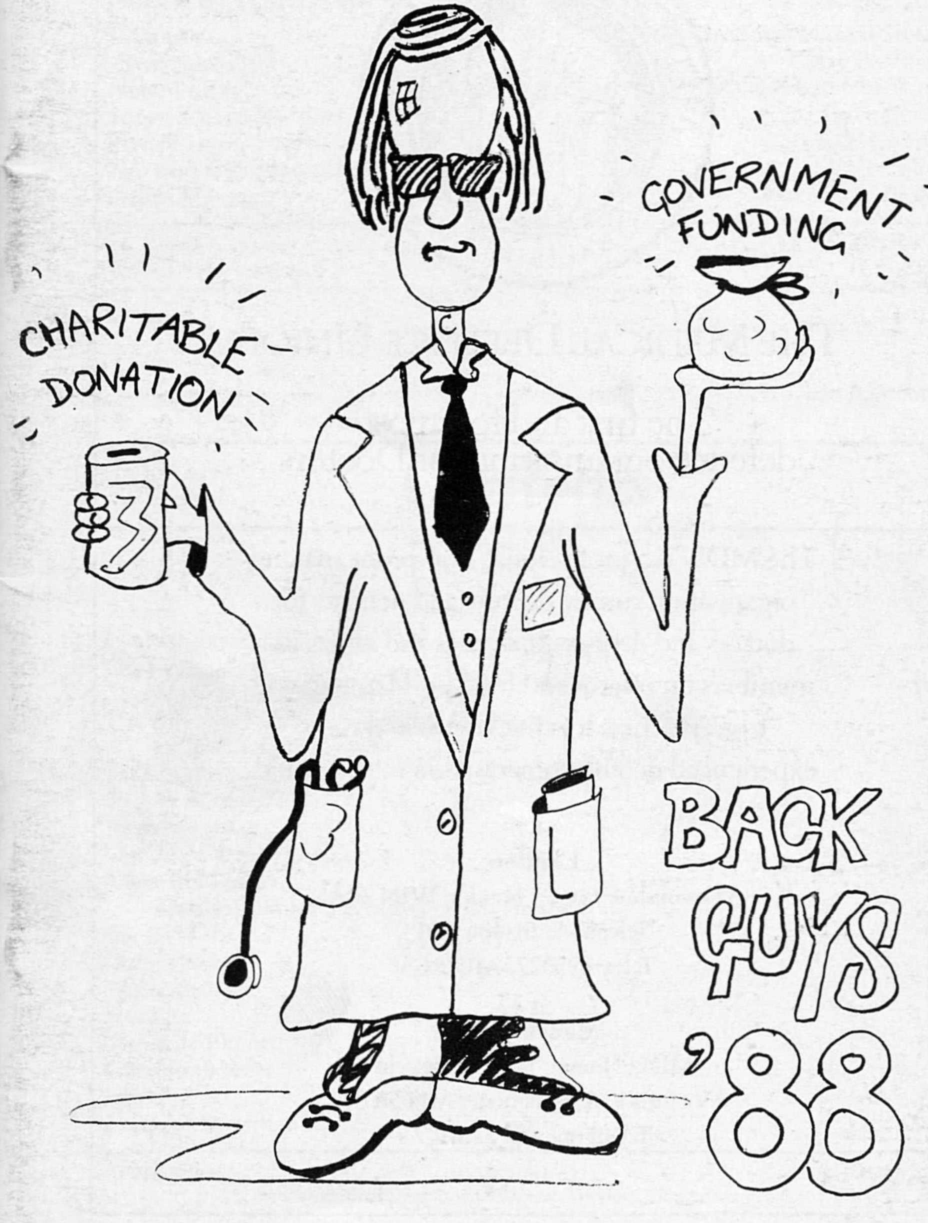
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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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GEORGE ROSE

Passim

This morning, my next door neighbours were evicted from their council flat. The door was kicked down and smiling bailiffs proceeded efficiently to dispose of the flat's contents by hurling them four floors down to a waiting skip. My neighbours, who were squatters, left with what possessions they could carry. This happened to several households in my block, most of whom are now homeless.

Why mention this? What relevance has it to Guy's? Well, everyone knows that standards of health are correlated with standards of housing. The health of people made homeless is likely to suffer. The existence of homelessness in our region has significant implications for the health of the local population.

The politics of this matter is complex. Whether you deal with homeless families, or with the squatters made homeless in order to provide for them, the homelessness remains. The important point is that it provides just one example of the way in which politics is inextricably linked to health. Political events such as the Housing Bill necessarily have health implications. This is the case both at the level of individuals affected by such factors as unemployment and poverty and at the level of policies affecting the future of the National Health Service as a whole.

Kindergarten stuff, really. So why is it that the necessarily political nature of health practice is so readily brushed under the carpet by, it seems, the vast majority of doctors? As far as medical students are concerned, the business of providing health care is sanitised to the extent that it comes across as an abstract activity barely contaminated by the dirty reality of contemporary politics. We know there are waiting lists, but we're not told their extent, or who they affect, or what can be done about them. We know that unemployment has disastrous consequences for health, but we're told nothing about the political dimensions of this massive problem. Nuclear weapons remain a Damoclean sword over all our futures, but only a brave doctor would suggest that opposition to their proliferation is a *medical* priority. Even in the field of Community Medicine, a strange distinction is maintained, if not satisfactorily justified, between politics and Politics. It's as though some of our teachers would prefer us to pretend that medicine is an apolitical activity practised in a political vacuum.

Isn't it about time politics was included in the medical curriculum?

TRY OUR SHORT ORAL TEST

1 What has a really comfortable grip?

☐ (a) The Boston Strangler
☐ (b) The Sensodyne Search 4
☐ (c) A toothless bulldog.

2 What has a long, slim neck?

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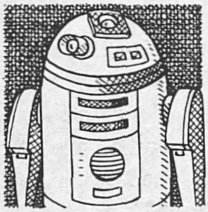

3 What has a compact head with rounded corners?

☐ (a) A primary school
☐ (b) Just about everybody
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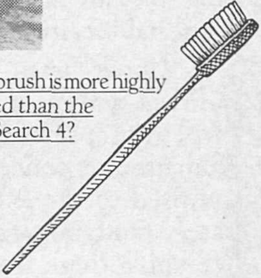

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News in Brief

Howard Rogers

Many friends of the late Professor of Clinical Pharmacology would like his name to be perpetuated at Guy's in some tangible way and will be pleased to learn that the Oncology Pharmacy Suite on Samaritan Ward has been named the Howard Rogers Pharmacy.

In addition, with Mrs. Rogers' approval and agreement, it is proposed to set up a fund in the Medical School to endow a Howard Rogers Memorial Prize to be awarded annually to a medical student wishing to spend an elective period abroad and giving preference to applicants wishing to study clinical pharmacology.

Contributions are therefore invited to a fund to be set up for this purpose. Cheques should be made payable to the United Medical and Dental Schools and sent to the Dean.

Guy's School of Physiotherapy Charity Ball

This year's ball will be held at The Savoy Hotel on Saturday, 11th June 1988 at 7.00 p.m. for 7.45 p.m. The charity supported is Guy's Mental Health and Amenities Fund.

Double tickets, costing £45.00, are available from:

Sarah Lambert
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These are available on a first come first served basis. Those wishing to reserve a table are requested to send a deposit of £45.00. All cheques should be made payable to G.H.S.P.C.B.A.

Gazette Office

Until our new office in the basement of Boland House is ready for us to move in, we have temporarily moved to the Residents' Mess on the first floor. We apologise for any inconvenience caused.

Charities Week 1988

This year Charities Week is from 2nd to 7th May. The money raised is to be donated to the Braxton Hicks Obstetric Scanner Appeal and the Guy's Oncology Unit. Any donations should be sent to Charities Week, Boland House, Guy's Hospital, London SE1 9RT, with cheques made payable to U.M.D.S.

ASME Upjohn Medical Education Prize

The Association for the Study of Medical Education invites undergraduate medical students from schools in the United Kingdom and Ireland to submit:

1. A description of a piece of work, survey or research in which you have been involved in the field of medical education

Or

2. Medical educational material produced, in the form of computer progam, videotape or text, together with a description of the material.

The submission should be in typescript and include an extended summary of up to 800 words. This should include a statement as to the assistance or supervision provided relating to the work.

The first prize will be £50.00 and the recipient will be invited to attend the ASME Annual Meeting which is to be held in Bristol on 21st, 22nd and 23rd September 1988, and to present a paper on Member's Day, on 22nd or 23rd September. The expenses will be covered by the Association, this will include conference fee, accommodation, dinner and travel.

There will be two second prizes of £25.00, and the recipients will be invited to attend the Annual Meeting. The conference fee, accommodation and dinner will be provided by the Association. The students or medical schools will bear the cost of travelling expenses.

Submissions should be received in the ASME Office by 1st June 1988.

Obituary

Mary Dunhill

The sudden death of Miss Mary Dunhill on 24th February 1988 has deprived Guy's Hospital Medical School of a devoted friend and supporter. She will be sadly missed.

Miss Dunhill's relationship with Guy's Hospital Medical School commenced in 1932, when Geoffrey Holman, her first husband to be, was still a student. He qualified from Guy's in 1933 and they married in 1934.

Geoffrey Holman was one from four generations of doctors, three of whom qualified from Guy's. He was a very good student with good write-ups in various firms including his period in the Dermatology Department. Their marriage, which is very touchingly referred to in her autobiography *Our Family Business* (published by The Bodley Head in 1979) was a very happy one. Her relationship with Guy's continued when her younger daughter, Tessa, entered the Medical School and qualified in 1959, also doing her house appointments at Guy's. Tessa was an excellent student and a devoted doctor.

Mary Dunhill was the distinguished Chairman and later President of the family firm of Alfred Dunhill. She had started work as an assistant in the accounts' department at the lowest salary rates then prevailing, at the age of 17. For the rest of her life she was involved in the family business. She continued in the mould determined by her father Alfred Dunhill, the founder. He had devised the famous Dunhill pipe which, together with his skill in the selecting and blending of tobacco, determined his firm's success in those early days.

When Miss Mary, as she was affectionately known by all the staff of the family business, became the administrator of a trust established by her Uncle Herbert Dunhill for the furthering of medical research, she naturally devoted her attention to Guy's Medical School, and the gifts and support from that Trust since 1963 amount to £1.5 million and include the refurbishment of the dermatological part of the Gordon museum, support to the Dermatological Research Laboratory, endowment of a Dermatological Fellowship at Clinical Lecturer level, the cost of DNA work in the Paediatric Research Unit, contribution to the purchase of a cell sorter for the School's research work, and much else.

The benefactions from the Trust also included substantial grants to St. John's Hospital for Diseases of the Skin's Research Department and for its staffing. Grants were also allocated to dermatological research and to staffing at the Royal Free Hospital. The Departments thus created have been named Dunhill Research Laboratories at Guy's, St. John's and the Royal Free.

Mary Dunhill was intensely interested in the work carried out with the help of those grants and she made numerous visits to the laboratories which she helped to found and maintain. She was very quickly able to establish friendly relations with the personnel, and she encouraged them in their work. These visits were always anticipated with much pleasure by the staff because of her warm and sympathetic personality. She was an attentive listener and readily responded to appeals for help towards work that urgently needed to be done. She was very wise and, although she had no scientific background, she quickly appreciated the significance of the work that was proposed.

Mary Dunhill had a remarkable personality which enabled her to assume the top posts in the family firm and to work in amity with the fellow directors which included members of her family and were all male. She was born in 1906, and her life, as she tells it in her autobiography, is an interesting reflection of the social conditions and stresses of that period. She was shrewd, entirely honest and reasonable. It is perhaps significant that when there was an awkward situation to be dealt with in the business concerning personnel and business associates, the job was assigned to her. She would be able to deal with the problem with tact, fairness and kindness, leaving no hurt. The family firm included her three brothers and her Uncle Bertie. She was, with them, enthusiastically in favour of the diversification of the business and its worldwide establishment.

Mary Dunhill was a handsome woman with good features, warm brown eyes and a fine carriage. She had a gift for friendship which she exercised among her business associates, and she had numerous personal friends. Her loyalty to them was absolute, and she spent much time and care on her friendships.

Mary Dunhill suffered two severe blows. One was the death of her first husband, Geoffrey Holman, at the age of 44 in 1953. Geoffrey had been an outgoing dedicated doctor who maintained his links with Guy's and the staff of Guy's during his short life. He numbered amongst his many friends Sir Rowan Boland, later to become Dean of the Medical School and an influential figure in University circles, Sir Geoffrey Marshall, and Mr. Alec Simpson-Smith who was a popular surgical registrar and became a surgeon to the Hospital for Sick Children at Great Ormond Street and the West London Hospital. At the outbreak of the war, Geoffrey joined the army and eventually assisted at the evacuation of the British Expeditionary Force from Dunkirk. He was decorated OBE and returned to peacetime medical work after the end of the war, soon to die, leaving Mary Dunhill with two little daughters.

The second blow was the premature death of Mary's younger daughter, Tessa, aged 34.

In 1959 Mary married a childhood sweetheart, Rex Lane, who has given her most loving support and has helped to assuage her grief when her daughter died.

Our deepest sympathy goes out to Rex Lane and to Kay Glendenning, the firstborn daughter. Kay has taken her Mother's place in the administration of the Dunhill Trust and is a Governor of the United Medical and Dental Schools of Guy's and St. Thomas's. Kay has displayed all the energy and ability of her mother.

Mary Dunhill was unique, and her place cannot be filled. We, who have known her, must grieve for the loss of a true friend.

L.F.

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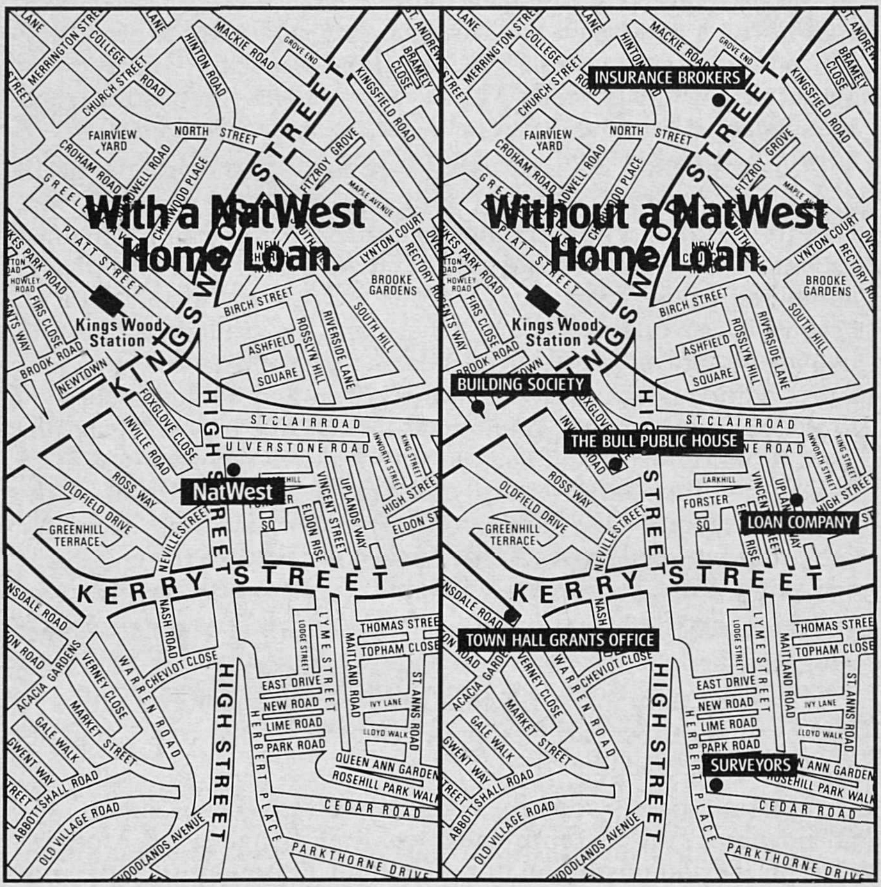
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The Advanced Cardiac Life Support Scheme

by Maria Agesilaou
Final Year Medical Student

After a typically hectic week on the wards, a series of end-of-firm MCQ's and a taxing job interview on the other side of the country, I faced a week-end undoubtedly filled with more stress. I had previously coaxed Major-General Kirby into choosing me to go on the week-end 'Advanced Cardiac Life Support' (ACLS) scheme at St. Bartholomew's Hospital. Now I had to go through with it and I had only just managed to skim through the wad of precourse notes sent to me.

The first major ordeal at hand was getting up at 6.45 a.m. on Saturday morning to arrive at the Robin Brook Centre at St. Bartholomew's at 7.45 a.m. for . . . coffee and doughnuts (an idea originating in the USA where ACLS courses were first initiated). Getting over this hurdle and arriving 15 minutes late (oh well!!), I managed to eat my 2,000 calorie doughnut before proceeding to the lecture theatre.

To my relief the five 30 minute lectures that followed were remarkably clear, concise and down-to-earth. The lectures included various aspects of ACLS including 'Resuscitation of Infants and Children', 'Monitoring and Arrhythmia Recognition', 'Acid/Base – Golden Rules' and 'Cardiovascular Pharmacology'. At 10.15 a.m. there was more coffee and biscuits and time to exchange a friendly hello to all the professionals. The group consisted of 50 trainees, all with a special interest in the field of Cardiopulmonary Resuscitation. A third were General Practitioners, a third were ITU nurses and a third were hospital doctors (Oh yes – and one medical student – me!). We were divided into groups of eight.

After another series of lectures and a light lunch, an afternoon of practical sessions followed with 30 minutes on various topics such as 'ET Intubation', 'Defibrillation and Cardioversion' and 'Recognition of Static Arryhthmias' (Help!). These sessions formed a crucial and extremely relevant part of the ACLS programme. It is pointless knowing the theories of cardiac life support if in practise you cannot maintain an airway.

4.00 p.m.: hometime or revision time for those who had the energy to worry about Sunday's impending exam. Feeling I should remain calm about the whole situation (so what if the Major-General had warned me that my performance in the exam would be a reflection on Guy's?), I went home, had a bath and fell asleep exhausted.

Sunday morning and an 8.15 a.m. start with more coffee and doughnuts. There were further 30 minute lectures on more diverse areas of cardiac support such as 'Sudden Cardiac Death and the Role of the Community and Rescue Services' and 'Medicolegal and Ethical Aspects of CPR'. There were plenty of reassurances that the 6 hours of testing that followed were 'nothing to be afraid of'!

Between 12.30 and 5.00 p.m. we were assigned to four testing stations. The stations tested all aspects of ACLS from dysrhythmia recognition to intubation and ventilation. Perhaps the most stressful event for all trainees was the 'Megacode'. This basically consisted of a simulated cardiac arrest sitation in which the trainee could typically find him/herself. The instructors acted the roles of various panic-striken lay people. It was then up to the trainee to organise and instruct a team to successfully resuscitate a 'Resus-Annie' doll. Fortunately, I didn't find the tests too soul-destroying and managed to coordinate a group of medics into successfully resuscitating my 'Resus-Annie' doll.

Those who were in the mood stayed for the course supper held in the historic Great Hall and were awarded a plastic card and letter if they had passed the course exam. Luckily, I hadn't let the side down and received mine with great pride.

Though, admittedly, the course had been exhausting, we all agreed that it had been highly interesting and extremely relevant. It was also well organised and coordinated. The course is run by Dr. David Skinner (A+E Consultant at St. Bartholomew's) and organised by Fiona Whimster. The training team included 13 other members.

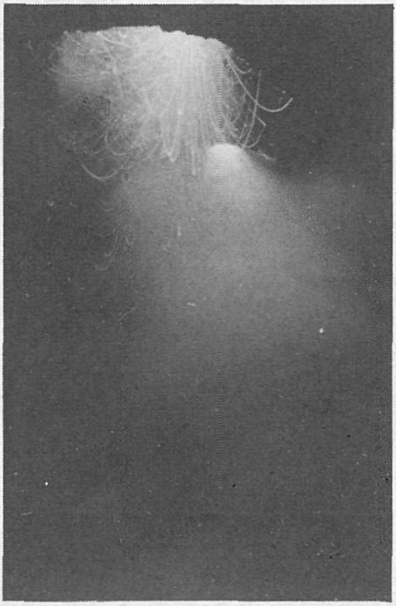
The course certainly helped me in overcoming a very immediate personal fear of being faced with a cardiac arrest when newly qualified on the wards. I felt privileged to have been on the course. Shouldn't all medical students have the chance to go on a similar scheme? Better still, shouldn't the training be incorporated into the medical training at Guy's? Which newly qualified House Officer could confidently carry out Cardiopulmonary Resuscitation unaided, or, for example, know which arryhthmias needed defibrillating and which didn't? Isn't this a vital part in medical training before qualification?

An Elective in Vanuatu

by Martin Fisher

Final Year Medical Student

The Republic of Vanuatu consists of a Y-shaped archipelago of some 70 islands extending over 500 square miles of the South-West Pacific Ocean, approximately 1,200 miles North-East of Australia.



Mount Yasui – Tanna's active volcano

The islands are of coral and volcanic origin, with several volcanoes still active, and the last eruption having taken place in 1980. Most of the islands are mountainous, covered with natural forest, and rising to some 6,000 feet above sea level.

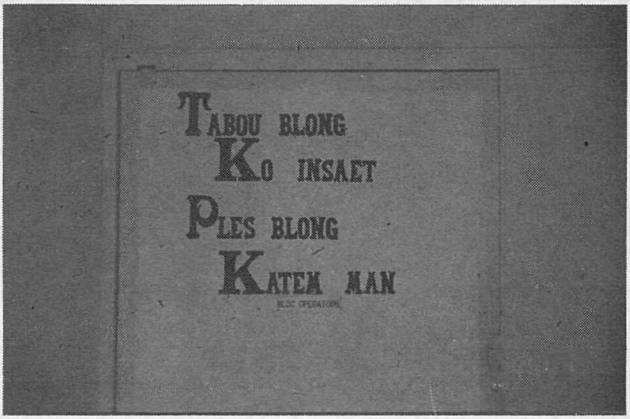
Vanuatu has a maritime tropical climate, with temperatures ranging from 16°C to 33°C (60°F to 90°F), though humidity may be extremely high. Annual rainfall varies from 230 centimetres (90 inches) in the south, to 394 centimetres (155 inches) in the North.

The islands were first discovered by the Spanish explorer de Quizos in 1606, and mistaken for the Great Southern Continent. Other explorers followed, including Captain Cook in 1774, who charted the islands and named them 'The New Hebrides'.

During the 19th century British and French missionaries, traders and planters settled on the islands. France and Britain formed an 'Anglo-French Condominium', which made each nation responsible for its own citizens, with the resulting establishment of parallel systems of administration – two National Service Departments, two High Commissioners, two education systems, etc. – known throughout the Pacific as the 'Pandemonium' rather than the 'Condominium'.

After many years of protest from the *'Na-Griamel'* movement, a political group bound together by cult activities, Independence was granted on 30th July 1980. The new nation was named Vanuatu, derived from a Melanesian word meaning 'our land'.

Today, Vanuatu is a nation of over 140,000 people of whom 95% are Melanesians, the remainder consisting of Polynesians, Micronesians and Caucasians, in that order. The national language is 'Bislama', an English-based pidgin, which is spoken throughout the archipelago, though by a minority of the population. There are more than 100 distinct and separate languages spoken in Vanuatu; a different language for every 1,200 inhibitants, possibly the highest language density in the world.



An example of Bislama – 'No entry. Operating Theatre'

In recent times there has been a shift of the population towards the main island of the group, Efate, and the capital, Port Vila, which now accommodate 27% and 10% of the total population, respectively. The nation's principal exports consist of copra, meat, fish, and cocoa. The once financially important resources of manganese and sandalwood have now been exhausted. The labour force are mainly concentrated on subsistence farming, with coconut production, fishing, and foresty also important. Tourism is the most recent and fastest growing resource, though as yet in its early stages.

From a medical viewpoint, the most recent figures available, from 1987, show a life-expectancy at birth of 61.1 years and 59.5 years for males and females respectively, with corresponding infant mortality rates of 63.5 and 73.8 per 1,000. Clearly these figures do not reflect the vast differences that exist between regions and communities.

My trip began on a somewhat disappointing and surprising note – after almost a year of planning and preparation, and 2½ days of travelling, I arrived at my destination, Vila Central Hospital, late in the evening, to find myself completely unexpected. The nurses on duty not only knew no English, but also knew not of my arrival. However, recognising a needy case when they saw one, I was put up overnight in a sideroom on the main ward!

The next day brought better things, and I was identified, reaccommodated, and given the opportunity to explore. I found Port Vila to be surprisingly Westernised on first impressions, but behind this expansion-created visage, lay the interesting and still unspoilt Melanesian culture.

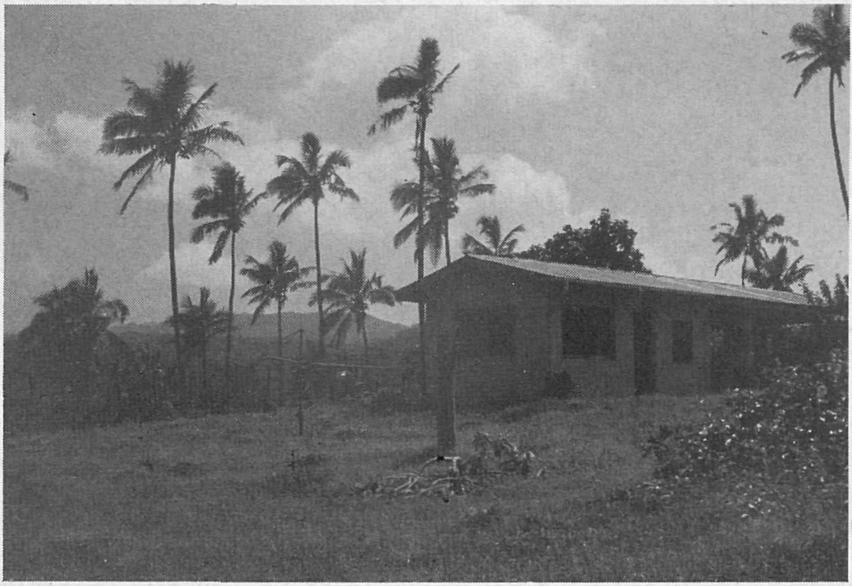
Vila Central Hospital comprised some 80 beds, divided into Medical, Surgical, Maternity and Paediatric wards. Facilities were good (relative to the rest of the country) with eight doctors, sterile surgical equipment, X-ray equipment, and a laboratory for very routine investigations (the results of which were quite often ignored or assumed incorrect anyway). The 'Formulary' was remarkably limited, in comparison to Great Britain, with a good variety of anti-malarial medications, but a grossly restricted choice of antibiotics and antihypertensives. Stone-fish and seasnake anti-toxins were in good supply though!

I was given just 3 days to learn the pidgin-English, and then became an honorary 'dokta', with my own office and prescription pad! The first 2 weeks were spent in the busy outpatients clinic – I never ceased to be amazed at how many patients could be seen in each session. I have to say that my medical experience in England held me in little stead for what I saw in Vanuatu – every patient had malaria until proven otherwise, and all were sent home on a cocktail of antimalarials, antibiotics, antiworm therapy, and scabies lotion. After that, I spent several weeks on the wards, particularly working in Paediatrics, and carrying out all the neonatal examinations on the Maternity Ward each morning. As honorary dokta, I was included on the on-call-rota like all the 'real' doctors – a daunting prospect at first, but one which most people could cope with given the situation. I can say this knowing that I avoided all the major emergencies on my nights!

I then moved on to the island of Espiritu Santo, the largest island of the group, and situated to the North. An island of high mountains, impenetrable jungles, and World War II relics, this was the island about which 'South Pacific' was written. I was based at Luganville, known locally as Town-Santo, and, with its six shops, the second largest town in the country!

The Northern District Hospital was smaller and less well equipped than Vila Central. Again, I worked mainly in outpatients and Paediatrics – yet more malaria, but also much tuberculosis and leprosy. I was also in charge of the physiotherapy session for the paediatric ward – a trip down to the beach each afternoon; hopefully therapeutic for the three children with grass-skirt burns.

My final, and most memorable, two weeks were spent on the island of Tanna, in the South. It is one of the smallest and most primitive islands in the group. As the 8-seater plane touched down on the makeshift airstrip, a crowd of local villagers gathered – since there were only six 'white' people on the island, I was a sight to see.



Medical student accommodation on Tanna – the second plushest building on the island

I was based at Lenakel Hospital, a 40 bed hospital manned by just one doctor. It was a fly-ridden, dirty hospital, to which people only came when they really were quite ill. Consequently, I saw many cases of cerebral malaria, purulent meningitis, much tuberculosis, and various other infections and infestations.

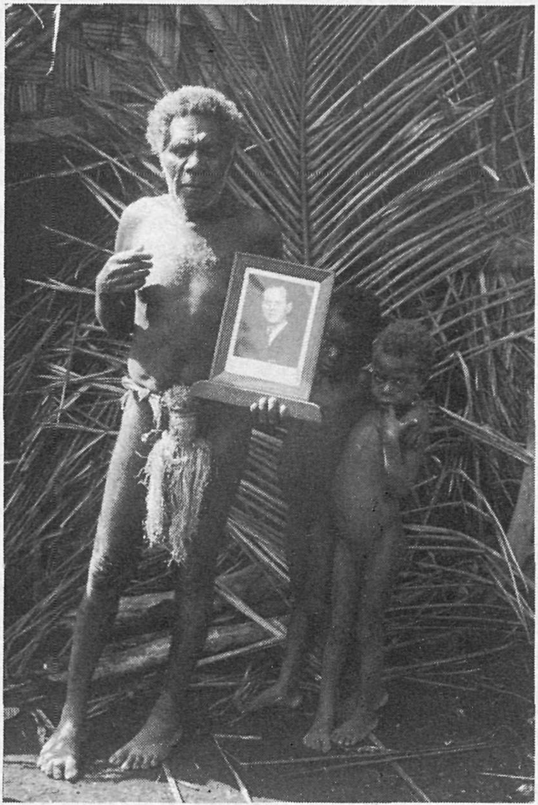
The people of the surrounding region were, as well as being poor, illiterate, and non-pidgin speakers, also incredibly interested in events at the hospital. At any one time, each patient would average half a dozen visitors, the hospital thus becoming a centre for social gatherings. Should any medical emergency arise, there would be an enormous struggle to be closest to it – everybody keen to get a look in, but nobody wanting to help! I remember one incident when I was faced with a 20 year old man with cerebral malaria convulsing in front of me. Being somewhat larger and stronger than myself, I was having immense difficulties struggling to establish an intravenous access. It took a great deal of persuasion to elicit the aid of just one of the fifty-strong gathering!

As a privileged member of local society, I was invited to the village's major social occasion – drinking 'kava' at the 'nakamal'; the niVanuatu equivalent of a bar, which is actually just a clearing, to which women are prohibited and fined two pigs if they are caught observing proceedings (there was no pretence of sexual equality on Tanna!). 'Kava' is obtained from the roots of a local plant, which are cut up, and then chewed by village boys. The paste thus created is then mixed with water to create a liquid that could well be confused with Oxford Street puddle-water. This is served in turn to each individual in a half-coconut shell. One carries it to the edge of the clearing, and has to consume the kava in one attempt. It tasted far worse than it looked, but luckily it is not considered impolite to spit. Indeed, the more one spits, apparently the better the kava is! The drinker then returns to the gathering and sits in total silence. After about ten minutes, I wondered precisely what effect (apart from the induction of nausea) the brew was supposed to provoke. It was only when I tried to move that I realised I had become almost completely ataxic and was unable to coordinate even the simplest of tasks! I'm not sure if I would agree, but, according to the niVanuatu, there is nothing like kava to help one relax after a hard day's toil.

I spent five days on the other side of the island, working at 'White Sands Health Centre'. This was once a French hospital, but had been destroyed in a hurricane two years previously, and was now run by two local nurses, with just ten beds but a busy 'outpatient clinic'. The latter was effectively just a ritual administration of chloroquine to the hundreds of locals who turned up each morning with various ailments. However, the medicine was not all so mundane: with no medical supervision, and no transport to reach the main hospital at Lenakel some forty miles distant, I had to cope with several emergencies. These included a stabbing, two children with cerebral malaria, and a young man who had a history of loin trauma, haematuria, and showed signs of peritonism and shock. Believing this to be a ruptured kidney, I feared the worst. One of the nurses suggested to me that it could be malaria, a suggestion to which I was not in agreement, but with little other treatment I had to offer, I began the malaria regime. The man improved remarkably quickly, but I lost several nights' sleep.

Whilst at White Sands, I befriended a local lad, Tom, who offered to take me on a 'smol wokbaot'. This proved to be a fascinating trek, with all the villagers we passed offering us food and presents, many having never seen a white man before. However, 'smol' it wasn't, lasting from seven in the morning until five in the afternoon. At the end of this I was exhausted and perspiring like I never thought possible. Back at his village, Tom offered me a 'fres-wota swim': not realising they had a local freshwater pool, I readily accepted – forgetting that 'swim' also meant shower! I was lead to a tap suspended from a tree in the centre of the village, and proceeded to shower in front of a two-hundred strong crowd – I don't think most of them had ever seen a white body, and I'm sure they could have had a better introduction!

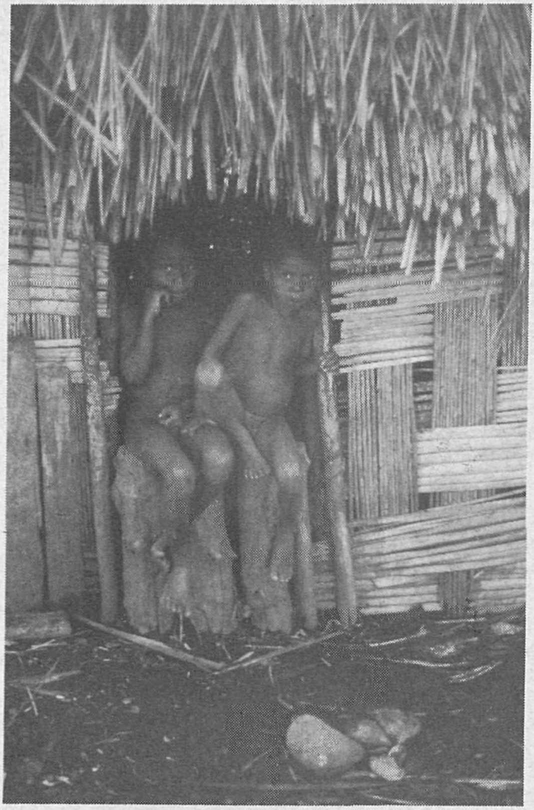
On my very last day on Tanna, whilst walking through the hills, I came across the village of Iohnanen, and its chief, Chiak Naiva. This was a very remote village, and maintained its traditions and culture – the women wore grass-skirts, and the men just penis-sheaths, or 'nambas'. As a white visitor, I was taken to meet the chief, who fortunately spoke Bislama. On discovering that I came from London, England, he asked me if I knew Prince Philip! Luckily, I could reply that yes, I had met and shaken hands with the Prince. I was then told of how Prince Philip was actually a man-Tanna, though he himself did not realise this, and that he was a messenger of God. I was privileged to be shown the most prized-possession of the chief, and in effect the village altar piece: a signed photograph of the Duke of Edinburgh. Since I would shortly be returning to England, I was also given a gift to pass on to the Prince – a Iohnanen namba. I have written to the Duke since my return, and await his claim for the penis-sheath!



Chief Naiva and his prized possession

During my Elective Period, I had planned to carry out a research project into the seroepidemiology of Hepatitis B in Vanuatu, a matter of some importance with the advent of a genetically engineered vaccine and hence possible future incorporation into existing vaccination programmes in areas of high prevalence.

I sent out sufficient equipment to obtain six hundred blood samples, some months before my departure, expecting to commence the study as soon as possible after arrival. As always, things did not go quite so smoothly. Not only was the parcel not waiting at the hospital, but all my enquiries to the post office, customs



Two man-Tanna

department, and airlines proved fruitless. Eventually, with just a fortnight of my stay remaining, I managed to trace the equipment; it had been put into storage at the Vanuatu Ministry of Health, apparently in the hope that I wouldn't find it before leaving.

With much assistance from the hospital employees at Vila and on Tanna, I set about salvaging what I could. On one morning, I took a box of syringes, needles, and bottles and ventured to a nearby village. After much persuasion, the village Chief agreed to participate and allow me to sample from his people (though not himself!). They cleared out a hut, and all congregated inside, whilst the chief would point at each potential donor in turn. I somewhat nervously proceeded, accompanied by whispered 'ooh's and 'aah's and occasional claps, to obtain forty samples first time – a personal record, and probably just as well considering relatively recent reports of cannibalism in these villages!

In all, just under three hundred samples were collected, and, despite the surprise and head-scratching shown by customs officials in the several countries I passed through on my return, the sera now lie in refrigeration, awaiting a suitable break in my studies for me to complete the project.

In summary. I consider my elective period to have been an illuminating experience, both medically and culturally. I was given the opportunity not only to see a wide spectrum of disease, much of which is not seen in this country, but I was also allowed to participate first-hand in the care of these patients. At times the responsibility seemed enormous, but with the benefit of hindsight, I think it will have helped me with my future career in medicine. In Vanuatu there was the opportunity to meet and learn from a race who have remained mostly unaffected by Western values, and who are more than willing to let one join in and share their traditions.

Research at Guy's

The Paediatric Research Unit

The Application of Genetic Research to Clinical Problems

The Paediatric Research Unit (PRU) was established in 1960 by the Spastics Society as an endowed research department to study inherited and congenital disease and childhood cancer. Since that time, the Unit has played a major scientific role in the development of knowledge in these fields and particularly that of genetic problems and counselling. The major genetic counselling and diagnostic centre for south-east England grew out of the early scientific work of the unit. The PRU now contains the UMDS Department of Medical and Molecular Genetics, the South East Thames Regional Genetics Centre and a national referral centre for inborn errors of metabolism. The Unit thus provides an environment where advances in scientific understanding of genetics can rapidly be applied to the needs of the diagnostic and counselling services – and perhaps, in the future, to the alleviation of inherited abnormality.

Cytogenetics

A major contribution of the PRU has been in the field of cytogenetics. This aspect of the work has developed steadily from 1960 when it was possible only to analyse the broad groups of the chromosomes to the development of high resolution banding techniques in the 1980s. Now we are exploring the use of computer systems for chromosome analysis. In addition to analysis for numeric and structural anomalies, cytogenetic studies now include genetic disorders characterised by chromosome breakage (e.g. Bloom syndrome, Fanconi anaemia) or fragility (e.g. Fragile X-linked mental retardation). The greater part of diagnostic work now lies in the field of prenatal diagnosis. Amniocentesis for chromosome analysis is possible from about the 16th week of pregnancy, but earlier diagnostic procedures such as that using chorionic villus sampling are preferable as studies can commence at about 10 weeks. The Unit is a major participant in the current MRC European trial of the safety and efficacy of first trimester diagnosis of genetic disease.

Biochemistry

The biochemical basis of many genetic diseases has long been recognised. Usually affected individuals are unable to produce a single essential enzyme and as a result, there is often accumulation of the catabolite in the cells of organs leading to aberrations of cellular and body function. This leads to major stigmata such as the relentless neurological deterioration of Tay-Sachs disease or the coarsening features, hepatomegaly and neurological degeneration of Hunter's disease (a mucopolysaccharidosis). Attempts have been made to supply affected individuals with the essential missing enzyme by infusions of plasma or grafts of normal cells and so correct the aberrant metabolism of the patient. Implanted fibroblasts and syncytiotrophoblast have not proved successful in the long-term as the cells apparently do not proliferate and are probably eliminated by the host immune system. Bone marrow grafts have had limited success but the heroic techniques needed to prevent graft-versus-host disease virtually proscribe the treatment. Automated techniques are under development to allow rapid diagnosis for some of these rare disorders, including Tay-Sachs disease (as common among Jews of East European orgin as cystic fibrosis in the general UK population) for which an intensive UK clinical and biochemical screening programme is being set up.

Cell and Molecular Genetics

Advances in molecular genetics have introduced radical new approaches to the study of genetic disorder. It is in abnormality of the structure and expression of the gene that the origin of inherited disease lies. Through clinical studies, many genetic syndromes have been recognised. For a few, e.g. sickle-cell disease, the thalassaemias and haemophilia, painstaking research has defined the abnormal gene product and the aberrations of genetic code responsible for the disease. In many disorders, however, the gene product is unknown and approaches to molecular study of the locus rely purely on knowledge of chromosomal location from genetic analysis. In muscular dystrophy the protein apparently involved has just been recognised, but the cause of other diseases, for example cystic fibrosis and Huntington's chorea, have yet to be found.

Modern strategies to identify the source of genetic disease usually fall into two phases. First it is necessary to identify the gene locus, and then to recognise, isolate and produce many copies of these sequences of DNA that include all or part of the gene. Once the gene has been isolated, the code can be broken and from this knowledge can be drawn both for recognition of the characteristics of the gene product and the abnormalities of code causing the disease state. If the gene product is known, the reverse strategy can be used starting from the protein sequence, deducing the likely nucleotide sequence and hence producing synthetic probes to identify the gene locus. Using such probes for the X-chromosome, it has been shown in our own and other laboratories that the mutation of the genes in haemophilia B (Christmas disease) and Duchenne muscular dystrophy varies between different families from single base substitutions to the deletion of long stretches of essential code. One line of research into cystic fibrosis in the PRU is to establish cultures of normal and abnormal pancreatic islet cells and to isolate the messenger RNA's. It is hoped to use these as the key to the genetic code at the root of the disease. Work on Hunter's disease is attempting to isolate the active purified enzyme to define the amino-acid sequence and hence the underlying code.

How will the molecular biologist help the future generations of persons carrying mutant genes? First must come the recognition and counselling of the carrier of the abnormal gene. In many families modern techniques allow the tracing of inherited polymorphisms of the 'spacer' DNA which may be closely linked to a mutant gene and inherited with it. At the present time, if an aberrant gene is recognised in a fetus that will result in crippling disease, the only help the parent can request is the termination of the affected pregnancy. The Unit has applied these new techniques to the genetic care of over 400 families with muscular dystrophy, cystic fibrosis and other disorders. This has included 60 cases using a combination of chorionic villus sampling and DNA analysis. In the future it may well become possible to transfer active normal DNA sequences that will replace the deficient gene in the affected individual. Alternatively, it may be possible to provide the needed gene product from bio-engineered systems such as those already producing growth hormone, insulin and interferon in practical quantities.

Experimental Biology

Among the tragic classes of patients seen by our clinicians are those families with recurrence of CNS defects such as spina bifida and related disease. For many years the PRU has made available the prenatal tests for these disorders (α-fetoprotein and cholinesterase assay). Counselling is complicated by the fact that this is not a single gene defect but there is a multifactorial mode of inheritance where other factors including environmental features such as diet may play a part. Pioneering work at Leeds paved the way for research in the PRU and elsewhere into the effects of maternal vitamin supplementation on recurrence risk. In three consecutive series of patients it has been shown that periconceptional vitamin supplementation significantly reduces the risk of a further CNS defect. This and other treatments are now the subject of an ongoing MRC trial.

Man is not the only creature to suffer mutations and some of those that have been recognised in laboratory mammals are useful models for human disease. Curly-Tail is a strain of mouse with a strong tendency to produce congenital lesions equivalent to CNS defect. It has been shown that the critical period for the disease development is very short, day 7 and 8 of mouse pregnancy – equivalent to days 18–26 of human development. Treatments with certain anti-metabolic drugs will increase the malformation frequency on day 8 but have the reverse effect on day 9 decreasing the frequency of affected embryos. Mechanisms for this effect probably involve differences in cell turnover rates or adhesive properties during crucial stages of embryogenesis.

Studies on fetal development and the ontogeny of essential proteins may give important insight into many developmental disorders. Proteins are essential for cell shape and mobility, for segmentation and intercellular connection during development, but these processes are at present poorly understood. Embryology is one of the most rapidly advancing disciplines as a whole range of new tools becomes available for the analysis of developing somatic structure in both the normal and disease states. Each child reaching the clinic with major malformations, congenital disease or even learning problems, is a new challenge to our genetic understanding. So many branches of medicine are affected by aberrations of the genetic code. Why does, for example, the child with trisomy for chromosome 21 have the many stigmata of Down's syndrome? Why does the boy with an extra X chromosome and the potential problems of Klinefelter's syndrome also have more learning and fine motor problems than his normal sibs? What disturbances of embryology have occurred? These are a few of the questions that remain for the scientists. In the clinic we must continue to give support to the afflicted families, where possible apply our new diagnostic methods, and make sure the counselling given is understood. One great benefit of the new technology is that risk diagnosis is much more accurate and for many pregnancies the fear of abnormality can be removed. The ethical management of many of the genetic disorders raises very grave problems. The diagnosis of genetic traits is not always the diagnosis of overt disease and in such conditions as Huntington's disease, the social consequences of the newly available diagnostic tests demonstrate the need for wisdom in application of the technology available.

For genetic disease the future looks brighter: the time will come when no longer will we depend on destroying life to avoid disease. However, there must yet be many years of pure and applied research before the correction of genetic defects is established as a clinical procedure.

David E. Mutton
Lecturer in Cytogenetics

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Guys and Dolls

Reviewed by our Theatre Correspondent

For four nights in late Match, the Path Block Musical returned to the stage at Guy's. Happily, this year the venue was once again the Harris Physiology Theatre with its larger auditorium and stage than last year's production experienced in the Ballroom. Once again, the action was set in America and for the third musical in a row we were not short of stockings and suspender belts on stage. Is this combination of exhibitionism and voyeurism deemed essential for the success of musicals at Guy's? Unfortunately, the Path Block will probably no longer be able to provide fuel for this particular argument, as censorship appears to have struck in the form of the ubiquitous new clinical curriculum. The Path Block has been moved to later in the clinical course and is to be followed by Pathology Finals rather than the relatively unimportant MCQ (*pace* Pathologists). Somehow I don't see so many people willing to jeopardise Path Finals in order to mount a production such as we are able to see this year.

Tim Hodgson as Nicely-Nicely Johnson

Guys and Dolls was an ambitious choice. Director Mike Travis and his cast of 24 gave a packed auditorium an enthusiastic portrayal of low life on Broadway with a series of little sketches during the overture. By the end of the long first scene, during which the scenario for the two central love stories is set out, we had been treated to some enthusiastic chorus singing from the Crap Shooters, and the trio of Nicely-Nicely Johnson, Benny Southstreet and Rusty Charlie had impressed in their 'Fugue for Tinhorns'. Indeed, Tim Hodgson as Nicely in my view gave the most convincing performance of the evening and his song in Act II 'Sit down, you're rocking the boat' was a *tour de force*.

The major roles were also well acted. Sohaib Safiullah gave a fine portrayal of Sky Masterson. He brought great strength to the character and made the transformation from gambler to missionary thoroughly plausible. While his singing was a little weak at times, the delivery of his songs was always convincing, particularly so in 'Luck be a Lady'. Fine singing was a feature of Vanessa Skelton's performance as Sarah Brown, leader of the Save-a-Soul Mission. She has a firm, pretty voice and also acted well. I was slightly disappointed by their performances in the Havana scenes: while these scenes were well choreographed by Sarah Diederich, real excitement was lacking. Back in Manhattan, both Vanessa Skelton and Sohaib Safiullah were on firmer ground and the duets they sang were among the best moments in the show.

Meanwhile Nathan Detroit had been looking for somewhere to hold his Crap Game. Graham Keeling looked suitably untrustworthy as Nathan and gave a smooth fluent performance which showed a certain presence. Perhaps he might have been a little more authoritative in his dealings with his Crap Shooters, but he was nonetheless convincing. His fiancée of fourteen years, Miss Adelaide, was played by Gaynor Whiter as a dumb blonde night-club singer with a baby doll voice. While her American accent and singing were at times a little uneven, her portrayal of the character always convinced both in her night-club songs and in her laments concerning Nathan's reluctance to join her at the altar.

Gaynor Whiter as Miss Adelaide

In a musical like Guys and Dolls, one of the most important features is the ensemble. This was well provided by an enthusiastic male chorus of Crap Shooters – and the cameo performance of Big

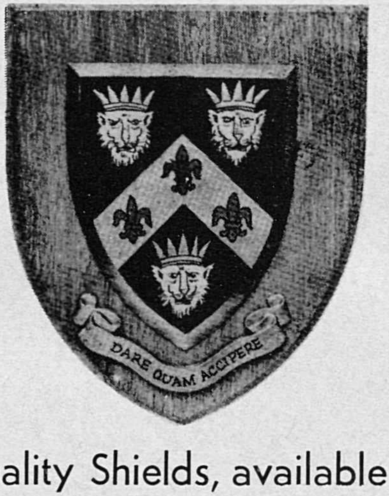
PESSIMO CIGARS

Nathan Detroit (Graham Keeling) points the finger at Big Jule (Charles Peebles) and the Crap Shooters

Finale: (left to right) Miss Adelaide, Nathan Detroit, Sky Masterson and Sarah Brown

Jule by Charles Peebles deserves a special mention. The Crap Game in Act II gave the audience some fine dancing and singing and was the highpoint of the evening. The enthusiasm in this scene characterised the whole production for which director Mike Travis deserves acclaim. There were some rough edges, both in individual performances and production detail, which I suspect was partly due to insufficient rehearsal. However, the flow of the piece never slowed and there were some nice touches, such as Miss Adelaide's dream of Nathan pruning roses. The band under Dan Agranoff contributed much to the audience's enjoyment and there was some particularly fine violin and trombone playing.

Guy's Hospital Gazette



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Sue de Monas

The Spit seems terribly quiet now that the third years have gone away on their British Elective. It will be sad to see the decline of 'The Great British Elective'. Like its counterpart 'The Great American Disaster' in Gloucester Road, this ritzy fast food phenomenon contributed much to alleviate the ingrained boredom of thousands of medical students as they emerged from hibernation (commonly known as Path Block). Rumours abound about the new clinical course ready to take Guy's by storm next year. The fourth year regional firm holiday and pre-application job selection scheme that went with it is being axed, I hear, to be substituted by a month away at the end of each firm in that year – so everybody will get an extra four months holiday!!!

Hair Mk 1

When all the best people are losing their hair, at least the function of their shoulders can be assessed adequately – by the medical student who asked first (and rightly so!) 'do you have trouble brushing your hair' at the same time as she noticed that the patient in question was completely bald!! But with everybody starting their pre-summer holiday diets, it is a little disconcerting to hear about the student who got into a bit of state when she discovered that a three-month old baby she was clerking weighed in at 17 kilos. After discussing with the registrar the many (?) rare causes of excessive growth in the infant for five minutes, the weight was checked again and this time the baby weighed in at 17 pounds!!! That's what I call a crash diet!!!

Golf

It is nice to see that the foyers of the Tower and New Guy's House have been designed specifically with registrars in mind. Now the self-obsessed can preen themselves in the mirrors in NGH while waiting for the lifts or they can tee-off from one of the putting greens in the Tower. Failing that, Guy's could probably run a profitable disco if they just converted the Enquiries desk into a cocktail bar. Having said this, I'm sure everyone is very grateful to the Friends of Guy's for providing funds to brighten the place up a bit.

Hair Mk 2

Reports have been reaching me of a new theory which is being tested at the moment. Is there a link between becoming a professor and growing a beard? I am asked this by increasingly vexed female students. Well girls, the answer is NO. The link I am told is between alpine potting compost, melting snow and a shortage of soap whilst out ski touring. The question then arises: if the professor couldn't shave for lack of the old H_2O, then how did he have his Badedas bath every night? Prizes are being awarded for the most original facial coiffure (answers on a post card). I think a goatee would suit. It is more aerodynamically aesthetic and improves one's running time in the London Marathon (photo – next issue).

Fashion and Beauty

In
Rugby Union (check those legs!)
Intermediate Technology
Mail Order catalogues
The Quicksnack canteen at L.B. station
Mr. Chapman and his Ball
Japanese Head Bands in the Marathon

Out
Guy's Scheme jobs
Next
Not getting injured on tour
Little round paediatric badges

Dental Notes

U.G.C. Dental Review Working Party

The hot topic of the moment is the report with recommendations for rationalising both undergraduate dental education and the continuing process of dentists' education throughout their professional lives. A strongly worded memorandum from the Dental Dean, Jack Rowe, has been presented before the University Committee set up under Sir Frank Hartley to help formulate a response to these recommendations. Support is keen for the intention to extend the dental course to five years, although further discussion should ensue before deciding whether this would involve two extra pre-clinical or clinical terms. There is a general agreement too for the concept of one year vocational training.

However, it is a cause for concern that there is a recommendation to reduce the Guy's undergraduate intake by five to a limit of 83. The report, which was dubbed 'a very light document' at the recent meeting of the University Hospitals' Association, gives no logical justification for such a reduction. In fact, the reasoning is peppered with inconsistencies. Perhaps the most bizarre comments relate to the 'gradings' given by the Working Party to all the dental schools. The terms of reference did not give a brief for grading Schools and following the recent U.G.C. gradings already reported in these Dental Notes, albeit on nebulous criteria, the presentation of our data would have been tailored to match the exercise, had this ultimate purpose been known. Guy's was the first to be visited with only three weeks' notice to produce a mountain of information. Our experience was then generously available to guide others in their own presentation. It is also a fact, of course a very honourable one, that those schools with members on the working party received an 'A' grading. Without adequate information about the criteria, these gradings will foster cankerous misgivings. The labels are likely to stick for a long time and bound to affect recruitment of staff and students. Graduates from 'C' Schools may well find themselves regarded as inferior to those from 'A' Schools. Guy's rated a 'B'. There was scant reference to the presence of our 50 postgraduate course students.

Members of the Health Authority confirmed in their meeting with the Working Party that they held a pledge of strong support for the Dental Hospital, which they regarded as 'a jewel in the crown'. This was interpreted into the report by the comment that Guy's 'was seen to have less than satisfactory practical support from the health authorities'.

Adequate Protection

In their active effort to promote the need for strict practices to ensure the prevention of cross-infection in dentistry, the B.D.A. has included the Chairmen of all Health Authorities when circularising a copy of the excellent 'Guide to Blood-borne Viruses and the Control of Cross Infection in Dentistry'. The purpose is to bring home to these influential makers of N.H.S. policy that necessary supplies of, for example, rubber gloves must not be denied for financial reasons.

It is gratifying to report that Lewisham and North Southwark Health Authority have been able to meet at least part of the Dental Hospital request for £120,000 towards this additional expense. Nevertheless pressure upwards must continue to be applied if the safety and confidence of the public and our staff is to be maintained. Lack of providing adequate protection is not defensible.

The policy document being produced by Dr. Stephen Challacombe and his team of practical advisers for the Dental Hospital aroused considerable interest on Clinical Day. Many copies were eagerly bought up even though selling the product was not originally intended. The mention of it at a meeting of the Association of Dental Hospitals of the U.K. also promoted interest in buying copies. Inevitably the recommendations carry some financial implications.

Insiders

With the advent of the rubber-gloved dentist we should really find a new description for the operator previously called the 'wet-fingered' dentist. This was meant to exclude those who only look down in the mouth while trying to avoid putting their foot in it with some precious advice for those who regularly brave actually getting fingers bitten off in it. Any ideas?

Class of '59

If you started either the 1st B.D.S. in 1954 or the 2nd B.D.S. course in 1955 you will have qualified about 1959 – depending on whether you impressed the examiners in the autumn or maybe a season or two later. In 1979 the 20-year reunion of that group was so successful that a demand for a similar event in 1989 is being widely heard. The date has been agreed. Friday, 10th November in the Centenary year of Guy's Dental School 1989. Mark it in next year's forward planner now. Details will come later.

Some of the alumni for that year have yet to be traced. If you can help contact the following, please inform Peter Kerr in P.D. on Floor 21: Mr. P. Dean, Miss A. R. Feakes, Mr. M. A. Archer, Mr. C. T. Brookes, Mr. S. A. Chan, Miss B. M. Cox, Miss R. Walsh, Mr. R. and Ellen Lane.

Welcome

Professor J. R. E. Mills was Head of Orthodontic Department at the Institute of Dental Surgery and Eastman Dental Hospital until October 1987 when he retired. He was appointed Emeritus Professor of the University of London. We were delighted that he accepted the invitation to become an Honorary member of the staff at Guy's to participate in research and in the teaching of postgraduate students.

Professor Mills has had a very distinguished career as a teacher and clinician and has published many papers on a variety of topics. His present research interests are centred in the phylogenetic development of occlusion. He is the author of a well-known text book *Principles and Practice of Orthodontics*. He is a popular lecturer with an international reputation.

Although he has 'retired', Professor Mills has already taken on an appreciable workload! He is Scientific Programme Chairman for the 64th European Orthodontic Congress, to be held this July under the Presidency of Professor W. J. B. Houston; he is co-ordinating research on the craniofacial characteristics of skeletal material being recovered from the plague burial grounds on the site of the Old Royal Mint (just north of Tower Bridge), and he tutored a group of Senior Registrars and Postgraduate students who were all successful in the first diet of the new M.Orth. examination of the Royal College of Surgeons of England.

Congratulations

To Ian Harris awarded the Saunders Scholarship 1987 for the best record of achievement over the clinical course as a whole as well as the F. R. Moser Prize 1987 on the basis of his practical work in clinical departments throughout the course.

To Heather Illing and Jenny Harrison awarded the 1st and 2nd place respectively for the Alfred Woodhouse Prize 1987. This is given in the year of qualification to the student displaying the best all-round ability.

To Ceri Hughes and Nicholas Tomes jointly awarded the 'Phantom Head' prize of the Baldwin Scholarship for 1987.

To Stephen Gentle for jointly winning the first prize in the first BAOMS Essay Competition 'The Principles of Design: Mucosal Flaps and pedicles in Oral and Maxillo-facial Surgery'.

To Dr. Moya Meredith Smith who has been made a Fellow of the Linnean Society of London.

To Elizabeth Jones who has been awarded the British Society of Orthodontics Prize for her outstanding performance in the new M.Orth.R.C.S. Eng. examination.

Thanks

To the Medical Research Council for a grant of £98,041 over three years presented to Professor Tom Lehner for a project entitled 'Immunoregulation and cloning of primate T cells to synthetic peptides derived from *Streptococcus mutans*'.

To Dr. Tony Selman and Fred Spencer's team for the splendid progress in refurbishing the entrance to the Guy's Tower. The inviting design is certainly contagious; even the reception staff positively glow with the warmth of a new found welcome atmosphere.

To our main switchboard operators who are now ranking top among the hospitals in London for the shortest delay in reply to outside calls.

No Thanks

For the inflexibility of the Guy's post room policy which insisted on returning overseas registered mail not collected within six days – even though four of those days included the Easter Weekend Bank Holiday and School staff on vacation. On top of that, the final warning to extend the time allowed for collection by 24 hours is not a promise they are committed to honour.

Michael Maberley

Physiotherapy

Questioned about their hobbies at interview, candidates produce a wide variety of topics. Breeding parrots was one slightly off-beat response, playing musical instruments is fairly standard, though the chosen weapon ranges from the euphonium to the oboe, and riding is the choice of a sizeable proportion. Currently among the students we have international and regional representatives and several more local competitors, and some of them are thinking of practising as animal therapists when they qualify.

Riding for the Disabled is an increasingly popular venture for physiotherapists with a horsy background, who are prepared to give up spare time to helping disabled children and adults to share the experiences which they have themselves enjoyed. However, this is people therapy and the horse provides just another therapeutic tool in their treatment. Veterinary physiotherapy is something else again.

There is a Special Interest Group of the Chartered Society which concerns itself with the treatment of animals for their own benefit. Its members work in close collaboration with members of the veterinary profession, much as most of us do with doctors, although taking a history is marginally more difficult. Treatment areas tend to be a bit short on the chrome and crisply laundered linen and rather longer on the straw and tan, but similar techniques are used and the same sort of machinery is employed.

In case it should be thought that it is improper to accept for training a student who declares an intention to treat horses rather than humans, it should be appreciated that to be considered for membership of this specialist group one must have a minimum of two years post-qualification experience. Not a question of trying it on the dog, but of trying it on the man first. As well as clinical practice experience, a candidate for membership is required to have knowledge of animal anatomy, and to be conversant with the musculo-skeletal problems to which animals are prone. Courses are run for this purpose and one is expected to observe veterinary practice. Indeed, it was only after prolonged deliberation that the Royal College of Veterinary Surgeons agreed to allow physiotherapists to work alongside its members.

Presumably, there are some glitzy practices where sick budgies and arthritic lapdogs can get their interferential and ultrasound. To suggest microwave might ruffle a few feathers, perhaps. However, the major areas of work are likely to be with large animals, ones which are expensive and which are potentially lucrative, so it is conceivable that our hippophiles will find themselves a satisfactory career helping the creatures they have grown up with.

Ronald Cooper

Nursing

Nursing Shortages

I wonder how many of you thought the N.H.S. was alone in suffering a crisis, *inter alia,* from a shortage of nurses? A recent article in the *BMJ* from a physician in Chicago has, however, revealed that American women like British women, are voting with their feet not to enter the nursing profession.

As in so many aspects, both bad and good (can you name them?), we slavishly follow the patterns of the U.S.A. We are progressing toward Project 2000 which will see an increasingly college desk dominated training for nurses. Some of the quotations from American nurses already ring an echo here: 'The nurse does the work, the doctor gets the credit', 'We get PhDs and still empty bedpans', 'We are the doctors' handmaidens'. This latter was also recently stated in a letter to the *NT* by a nurse who was surprised that a doctor had been included in her panel of interviewers for a staff nurse job in this country: when, she asked, was a nurse asked to be amongst the panel if a doctor was the interviewee?

Improving the standard of education for nurses has not improved the numbers in which women and men come forward to join their ranks. The alternative is to leave the qualified nurse to carry out the administration, theoretical and educational tasks, whilst aides or orderlies continue with the more humdrum tasks of actually caring for the patient. Unfortunately with less training, maybe a less vocational approach, this leaves the patient under the care of those with the least training to accomplish the task. Complaints have already arisen that when this care is improperly given, patients suffer, the staff cannot be blamed, and the role of nursing deteriorates.

How can the poor N.H.S. cope with all this, on top of the rest of its troubles? I note that one of our senior medical colleagues at Guy's writing in what I suppose is best called a 'medical tabloid', has proposed a similar solution to that when, after cutting off all the branches, our rail network was renamed British Rail: our N.H.S. be dubbed 'British Health'! Then, only those services which could prove profitable through a system of health insurance would be allowed to survive.

In case you thought the present government was the guilty party for all the ills of the N.H.S. today, consider the following quotation:

(1) 'May one not get more spent on the Health Service if people can spend more on themselves with the Health Service? . . . Judged from the standpoint of quality and efficiency and adequacy of services, we are now getting the worst of both worlds. The Government cannot find the money out of taxation and the citizen is not allowed to pay for it out of his own pocket'.

(2) Who, before World War I, arranged for a comprehensive health service, which, while open to all classes, should charge its users according to their means?

I'll award a prize of a free glass of cider in the George to the sender of the first correct answers – the authors of the above – which I warn you, appeared a little earlier than the day before yesterday!

Denis Cobell

The Bore Report

The past few months have had their ups and downs, their fun and their sicker moments. Guy's gossip has certainly been brewing (for a change) – but unfortunately is not worth printing as no-one can be named!

The Dental Ball was well supported this February. It was good to see that table hoarding is on the decline, so the pre-clins actually managed to get some tables! May I be so bold as to say how lovely people looked this year, although I wasn't aware that it was in order to wear 'hats' at Balls?! A certain first year thought differently; obviously intent to draw attention to herself, she wore a mini-mini ball gown too. Well 10/10 for originality – the dentist selection committee certainly knows how to pick 'em! Two 3rd year dentists made their presence known, one passing out in his starter (perhaps one bottle of vodka for aperitif was pushing his luck!) and the other returned to the joy and gaieties with a multi-coloured black dress. Fun was had by the lecturers too, particularly a physiology lecturer (perhaps frustrated he's not a dentist) who spent the evening enjoying 'Tonsil and Throat' inspection – whatever that may be?!

Accidents have been in the forefront recently. Broken arms, legs, noses and not to mention fractured skulls – despite the old wives tales, believe it or not, pigs do *not* have wings! I'm pleased to see she's back on form again.

I think the biggest shock and worry has to be the two first years who by hook or by crook managed to fail the Stats resit?! Rosy seems most eager to exercise her authority and prove her subject's importance (and relevance?) to medicine, no longer verbal threats but real live failures – *or are they just thick? In future folks,* let's leave the failing to St. Thomas', as it always used to be.

It's a pity exam fever didn't hit the path block this year, mind you a few of the boffins apparently stayed until the end of the exam! Now they have left us for better abodes – for 6 whole glorious weeks. This year however saw the introduction of assessment forms for the British elective. Looks like those in the coastal resorts won't be doing the sun-bathing they had hoped, even those that have gone to Jersey! Or will they all just have to repeat a firm during their long elective too!

Finally I would like to say how impressed I was with the Guys and Dolls production. I gather the cast party opened a few eyes!! A very drunk Welsh lady had the hots for our very own miniature Rugby player, while our cellist was letching after the conductor and the pianist (wow a 3-some). The waiter reportedly had his hands full too!! – out of sight, out of mind was his 'bits' motto!! Perhaps the cast party should be staged next year – a thriller with comic relief.

Cedric Bore

Correspondence

The Dental School of Guy's Hospital Centenary Appeal 1889–1989

Dear Sir,

I am proud to write to you as patron of the Dental School of Guy's Hospital Centenary Appeal 1889–1989 asking you to publish this short letter in the hope that it will catch the eye of Guy's trained dentists.

It is clear that Guy's is going to have to raise money for itself if it is to keep ahead of the other schools and the first way we must do this is by approaching our graduates because they know how much they have benefited from their time at Guy's and, I am sure, will want to keep the place alive and as a centre of excellence, so recruiting the best students into the future.

I don't need to explain that the Government intends individuals from now on to express their support for educational establishments and give donations to their preferred schools. This is the alternative proposed to the Chancellor of the Exchequer raising taxes to distribute them "through the usual channels", which, in Guy's case, is the University Grants Committee. I think we must all see that by making more money available to individuals there is a real chance that the war against inflation will finally be won, though it does mean that appeal officers, like myself, have to stir their stumps to take care of the institutions we love.

So if, as a result of the Budget proposals your readers have a modest sum in tax relief we ask them to consider giving us a gift, preferably as a paid up 4-year covenant, to help us offset the reduced funding we shall be receiving in future from taxes.

Yours faithfully,

Sir JOHN BUTTERFIELD, O.B.E.
M.D., F.R.C.P.
38 Clarendon Street,
Cambridge, CB1 1JX

Antinormovolaemia: Nomenclature in Medicine

Dear Sir,

As Secretary and principal organizer of the International Anatomical Nomenclature Committee I found Mark Slade's diatribe on medical "jargon" interesting, even though he regrettably used this opprobrious word far too frequently, and loosely for what is, after all, *nomenclature*. Reared like him on Latin and Greek – though to a rather higher level than he, I believe – I was relieved that he could recognize how many 'English' words are from such sources (I have used almost a score of such already in this letter). I like plain speech but also a little elegance, and above all clarity of communication. "Normal blood volume" (for "normovolaemia") shows the tendency to use, often most inelegantly, nouns as if they are adjectives. "Blood" is not an adjective, and incidentally "normovolaemia" is what I was taught to call a *barbarism*, being derived from a hotchpotch of Latin and Greek.

Despite much sympathy with Mr. Slade, I suggest that he realize that so-called English is read by people with most varied educational backgrounds. However, he seems to put clear communication first, an obvious primary aim; and since English is now *the* world language, his views are largely valid. Personally, I would prefer to see more grammatical correctness and at least a little elegance. Solutions are difficult, as well I know from my own efforts to regularize anatomical nomenclature. But for heaven's sake let us cut down on this childish piling up of nouns as if they were adjectives.

Yours faithfully,
ROGER WARWICK.
Professor Emeritus.
c/o Department of Anatomy,
Guy's Hospital Medical School,
London SE1 9RT

Dear Sir,

As the person reponsible for the recent outbreak of malignant normovolaemia among Guy's preclinical students I should like to reply to Mark Slade's denigration of technical usage (*Gazette*, February 1988). Perhaps, in a medical school where the name of Keats is attached to the textbook room of the library, we should share Mr Slade's concern with euphony and elegance. But technical terms, unlike those of poetry or of endearment, are used not for their beauty, simplicity or purity but in order to promote precise yet economical exchange of ideas. In this sense they are no more than the tools, the means rather than the ends, of the profession or field of study to which they belong. So, one man's well turned phrase ("averagely-intelligent diabetic patient") is another's string of technical, but none the less insulting, adjectives (all diabetic patients know about "hypos").

Of course, as that alumnus of the Guy's pharmacy, the philosopher Wittgenstein, might have reminded us, there is more to language than mere words – there is also an important social function. The dark side of this is the use of technical (or more often complex) terms in pretentious or obfuscating ways. Thus, innocent technical terms may become transformed into ugly jargon (a sort of professional graffiti, used primarily to demarcate the professional's territory and to exclude lesser mortals such as patients) or into an amorphous smokescreen (following the well known principle that five words are better than one). These are abuses, to be sure, and should be resisted since the point of technical usage is to clarify and not to confuse. Both the humour and the error of Mr Slade's article arise because he chooses to ignore the difference.

If Mr Slade wishes to crusade against jargon then he deserves every support. But if he merely dislikes the etymological cocktail presented by medicine's technical terms, then tough cheese. Or should I say, Slade *au gratin*?

Yours faithfully,
Dr TEIFION DAVIES,
Lecturer in Physiology

Dear Sir,

In his article 'The Normovolaemic Dog' (*Guy's Hospital Gazette*, February 1988) Mr. Slade has missed the reason for using "jargon". The use of scientific terminology in Medicine merely reflects the foundations of modern medical practice in Science. In rejecting Science Mr. Slade displays extreme arrogance: he wishes to practise Medicine without taking the trouble to understand the basis of his therapy and without developing the capacity to understand the scientific advances upon which medical advances are commonly based.

Yours,
MARK SOPHER
Boland House

Antinormovolaemia: A Reply

Professor Warwick's letter was shown to Mark Slade, whose reply follows

Dear Sir,

I am pleased and flattered that my article has drawn a prompt riposte from so eminent a guardian of international medical terminology as Professor Warwick.

I am not sure, however, why he objects so strongly to my use of the word "jargon" with respect to medical terms. My dictionary gives as one definition of jargon "a mode of speech familiar only to a group or profession", which seems, in my opinion, an appropriate description of language which includes words like "thrombocytopenia".

I also beg to differ with Professor Warwick over the use of nouns as adjectives. While I share his revulsion at the tendency of Americans of all types and of advertising executives in particular to devise expressions like "100% home soap powder sector market penetration achievement", I am very surprised to find him attacking the use of the word "blood" as an adjective. Of course "blood" is a noun (indeed, it would be extremely disquieting to think that one's life depended upon anything so insubstantial as an adjective), but surely its adjectival use is justified in a phrase like "blood volume"? It would be surprising to come across a doctor who said, "Hold still, Mr Jones, I'm just going to take your bloody pressure", and are we to have no more head injuries, eye movements or fracture clinics? What about a word like "headache", which seems already to have slipped through the net, so that it is now listed even in the Oxford English Dictionary?

This is not to say that I do not sympathize with Professor Warwick's desire to see elegance and grammatical rigour in technical writing. In this case, however, I feel that he has chosen his target inadvisedly. Surely it would be more realistic to accept that a limited use of nouns as adjectives is now commonplace, and that the time for trying to reverse such practice has now passed.

Yours faithfully,

MARK SLADE
Boland House,
Guy's Hospital,
London SE1 9RT

(This correspondence is now closed – Ed.)

Neurological Marathon

Dear Sir,

I hope that among your readers will be some of my contemporaries and other friends who would like to sponsor my entry for the London Marathon on April 17th. I am running to raise money for research laboratories in the Neurology Department which will be rehoused in the Phase III development to be completed in the early 1990s. The original plans for phase III did not foresee the welcome expansion of academic neurology with the appointment of two senior lecturers in the past year and another to come later this year. We need somewhere for them to work for the rest of this century and the future. We particularly want to provide a neuromuscular function laboratory to measure motor and sensory performance as an adjunct to clinical trials. Current interests of the department include multiple sclerosis, Guillain-Barré syndrome and neurological rehabilitation.

The marathon may be over by the time you receive this issue of the *Gazette* but donations would still be welcome, both large and small. Please make cheques payable to U.M.D.S. Neurology Laboratory Fund and send them to me at Department of Neurology, Guy's Hospital, London SE1 9RT.

Yours faithfully,
Professor RICHARD HUGHES
Department of Neurology,
Guy's Hospital,
London SE1 9RT

U.M.D.S. – D.U.M.S.

Dear Sir,

St. Thomas's Hospital does not possess a Dental School and, therefore, the name for the proposed union – the United Medical and Dental Schools of Guy's and St. Thomas's Hospitals – appears to be inaccurate. Thus, why not let the new body call itself the Dental, and United Medical Schools of Guy's and St. Thomas's Hospitals, or D.U.M.S for short?

Yours sincerely,
CEDRIC BOTTLETHWAITE
Boland House

Sport

RUGBY CLUB

Guy's 14pts, Old Blues 21

In the final game of the season Guy's appeared to play as if it was the first game.

A dispirited performance in the first half led to us being 15 points to nil down at the break. There is not much to report in a scrappy and bad-tempered 40 minutes.

In the second half the forwards woke up and Thomason and Conchie took some possession at the line outs. The set scrummage also was tending Guy's way. A rare maul ball from the pack enabled a forward rush to culminate in Thomason taking the ball over the line fending off several tacklers to open the scoring for Guy's.

Llewellyn, who was not having his best day with the boot went over for a try and did eventually kick two penalties.

Unfortunately some indiscipline from the Guy's pack and some strange refereeing decisions allowed Old Blues to stretch their lead again with two more penalties.

Old Blues' Lock was sent off for kicking Martin the Guy's hooker on the floor. Martin had been in the thick of the action throughout in a singly determined performance and this kick was another stupid after-the-whistle assault from Old Blues' irritating forwards.

It was not an auspicious end to the season. It is a shame that the final memory of an enjoyable season should be of this forgettable game.

Team: M. Kebab, M. Martin, E. Cheah, G. Thomason, K. Conchie, G. Meharg, G. Ryan, B. Bowskill, R. Docker, N. Poole, W. Llewellyn, A. Jones, P. Scanlan, M. Winger, P. Chew.

Brief Report on the 144th season

The 1st XV record for the season was 13 won from 31 matches played, with 2 cancelled (including, unfortunately, that against Cambridge University). A notable victory was recorded against Blackheath for the first time in at least 20 years. We managed to score in all the games played and the points tally (F 584, A 504) reveals how close most of the defeats were.

Our first season in the London South West Three League saw us stave off relegation (unlike our friends in Paddington) and produced some hard fought games including a 22–21 defeat by Purley, the league winners.

We reached the 2nd round of the Surrey Cup and were beaten finalists in the Gutteridge Plate. We lost in the 2nd round of the Hospitals' Cup 17–7 to St. Mary's the eventual winners and reached the semi-finals of the National Medical Schools' Sevens in Bristol.

The unveiling of the Honours Board on 18th October was a memorable occasion, the 1st XV just beating the President's XV 28–21. It was very heartening to see the several Guy's consultants who turned up to lead support and it was disappointing that so many of the invited dignitaries from UMDS declined to attend. Mr Gerry Gilmore, the President of UHRFC, made a very eloquent speech which stressed the uniqueness of Guy's Hospital RFC, it being the oldest rugby club in the world, and the importance of its continued existence at Honor Oak Park.

Tours to Plymouth and Amsterdam were very successful, bar the odd broken bone, etc. and a 3rd XV trip will take place by the time of publication.

Congratulations must be extended to the Football Club for recapturing the Guy's colours from the Dog Kennel, perhaps we could see them back at H.O.P. in time for the Summer Festival.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the *Gazette* must be received 15 days before publication. Copy dates for the next two months are May 11th and June 8th.

Copy may be sent to us at Guy's Hospital, London SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the *Gazette* of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

The Rugby Club AGM is on Thursday, 12th May at 6.30pm (photograph 5.30). The Rugby Club Ball is on Saturday, 14th May and will be held at Glaziers Hall, London Bridge. Tickets from W. Llewellyn or S. Bunting.

B. L. Z. BUB

THOMAS GUY SQUASH CLUB

The Thomas Guy Club (3rd Team) have won their division of the University of London Squash League with a record of 8 wins out of 9 matches. It is believed that this creates something of a record since the average age of the side is over 40.

DON NAY.
DON NAY.
DON NAY.
DON NAY.
DON NAY.

The Thomas Guy Squash Club 3rd Team: (back row, left to right) Pat McCarthy, Steve Challacombe, (front row) Alf Barham, Ted Crispin, Martin Shearer.

Hospital Information

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BIRTH

LEONARD. Ian and Elaine (née Dare) are pleased to announce the birth of their first child, Caroline Emma, on 11th March 1988

DEATH

STEBBING, Peter French, died peacefully at his home in Eltham on 23rd March 1988, aged 65 years. Dearly loved husband of Doreen and loving father of Anne, Jane and John.

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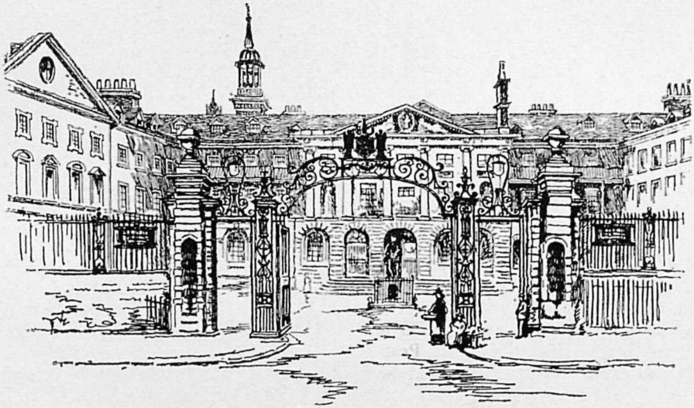

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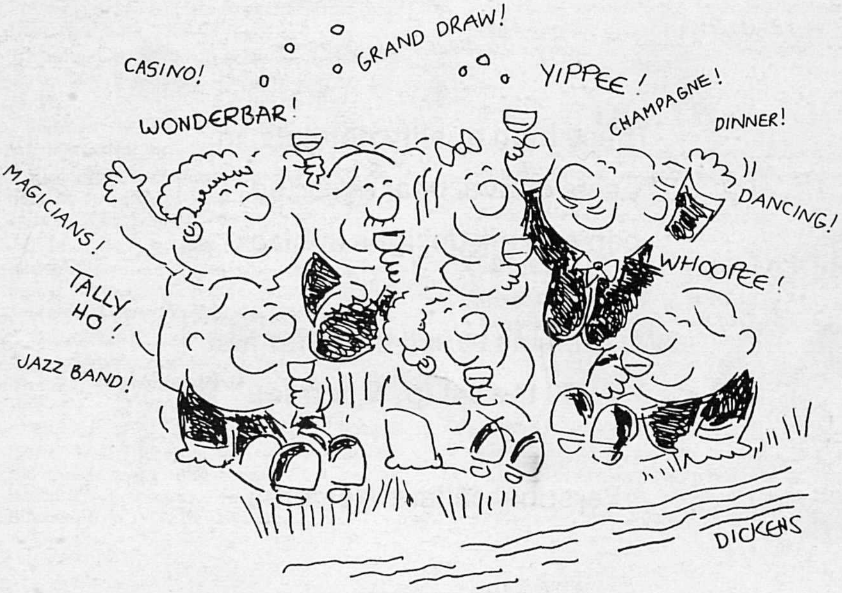
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News Editors	**Gaynor Duffett and Susanna Roughton**
Sports Correspondent	**Dave Quick**
Physiotherapy Correspondent	**Ronald Cooper**
Nursing Correspondent	**Denis Cobell**
Office Manager	**Margaret Flanders**

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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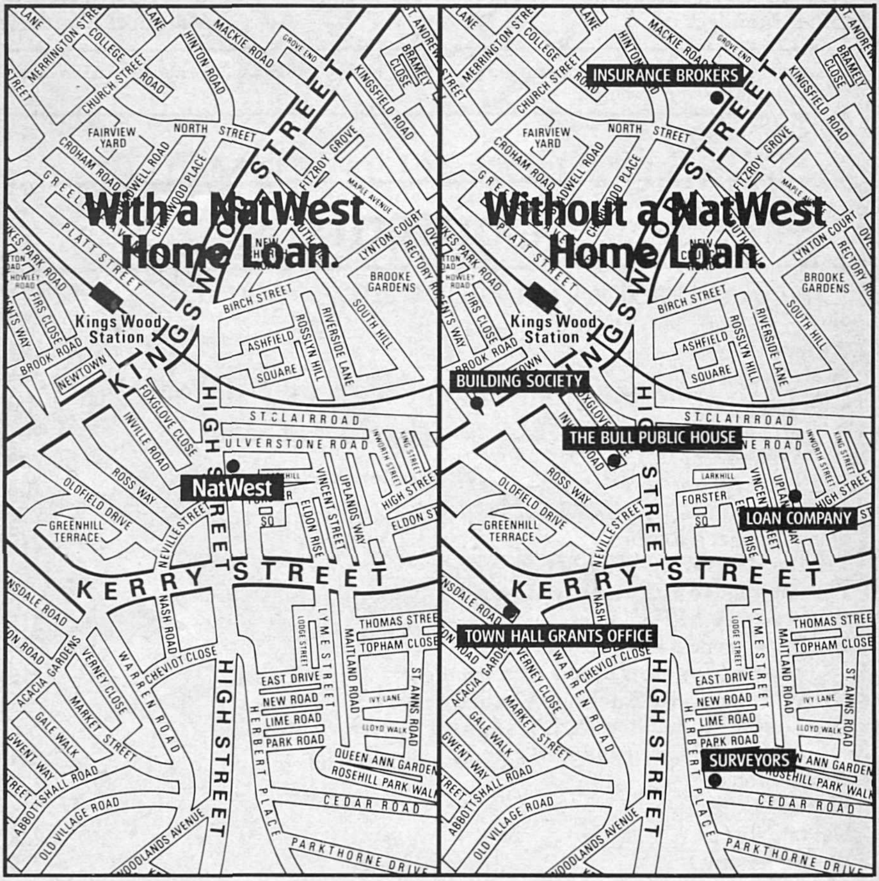
Buying your new home needn't mean going round the houses.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Passim

As I write, the demolition experts have taken over our old home in 23b St. Thomas Street – already the back wall has gone and soon the site will be clear. No doubt it is an appropriate time to be writing one's last *Passim* and certainly gives occasion for reflection on the last 18 issues that have been under our control.

In particular, I remember a day about two years ago when, in that traditional mode of Guy's apathy, I said vehemently – well, quite vehemently – that I did *not* want to be the next Editor of the *Gazette*: I didn't think I had the time to give to it. Notwithstanding my pleas for clemency, a month or two later my co-editor and I found ourselves Editors *de facto* with the previous incumbent having resigned just in time to pass finals. I quickly discovered that the only prerequisites for the job were energy and enthusiasm, time being only a relative necessity. Looking at most extracurricular activities here at Guy's, it is very simple to see how the fortunes of one club or another depend so greatly on those particular qualities. And so often it is the contribution of only one or two key people that makes the difference between a good year and a bad one. Specific examples would have to include the Boat Club, so magnificently transformed over the last two years, the Mountaineering Club and the Ski Club over the last four years. While many students here at Guy's do take advantage of the energies of the few, it sometimes appears to be a rather passive existence for the majority of what is supposed to be an intelligent, motivated group of students.

This accusation of apathy is certainly not original – we have said it before as have countless editors before us. But why is it so, and is it peculiar to Guy's? One thing Guy's students are particularly good at is enjoying themselves, often in that uniquely medical/dental way which many people would describe as 'over the top'. This is perhaps a result of the insularity of our education here. And I wonder if this insularity has some bearing on the question of the apathy that is seemingly endemic. Any change in our educational environment is an unrealistic proposition, so we have to look for solutions internally. Over the years the Clubs' Union has evolved an extensive framework for student activities.

Despite this, it is quite surprising to acknowledge the extent that our extracurricular life is enriched by the energies of comparatively few people. Indeed, I wonder if those people are aware of what they have achieved.

Gazette Staff Changes

As indicated several *Passims* ago, the present Editors and the Assistant Editor feel that they have reached retirement age and this issue is the last under their control. The *Gazette* has been fortunate to persuade Mark Slade to take over the reins fresh from his success as editor of the Charities Week magazine *Scanner*. Mark is currently in his 2nd year at Guy's having given up his career in publishing to study medicine. He has made several contributions to the *Gazette* over the last two years and joins the staff as Assistant Editor this month and will be Editor from the next issue.

Over the last two years, many people have helped make our job as Editors most memorable and enjoyable. In particular, we would like to thank Drs Scott and Knight of the *Gazette* Committee, Carolyn Shears, all our regular contributors and the *Gazette* Staff – especially our Assistant Editor Clare Freeman and our Manager Margaret Flanders. Last but not least, we would like to thank our printers BOSP who have coped fantastically with our propensity for sending them material late and were extremely helpful in our design changes at the beginning of the year.

Copy Dates

We should like to remind our readers that all copy for inclusion in the *Gazette* must be received 15 days before publication. Copy dates for the next two months are June 8th and July 13th.

Copy may be sent to us at Guy's Hospital, London SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the *Gazette* of Change of Address, would they please indicate whether or not this should be published.

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News in Brief

Princess Alexandra visits the Renal Unit

Princess Alexandra, Patron of the National Kidney Research Foundation, visited the Renal Unit at Guy's on 3rd May in order to draw attention to National Kidney Month.

Princess Alexandra meets consultants and staff on Astley Cooper Ward: (left to right) Dr Chisolm Ogg, Princess Alexandra, Caroline Rea, Sister Fiona Robertson, Sister Jane Sheen, Dr Steven Sachs, Mr Geoffrey Koffman and Dr Gwyn Williams

She was received in the concourse of New Guy's House by Dr Hilary James, Vice-Chairman of the Lewisham and North Southwark District Health Authority, and was introduced to Sir Peter Baldwin (Chairman of SETRHA), Dr Hugh Saxton (Chairman of the Management Board), Dr Chisolm Ogg (Clinical Director of the Renal Unit), Mrs Judy Burdon (Senior Nurse in the Renal Unit) and Mr Jim Wellbeloved (Director-General of the National Kidney Research Foundation). The Princess was then taken to the 4th floor of New Guy's House to see Astley Cooper Ward where she was introduced to other consultants, junior doctors and nursing staff. She spent about 45 minutes on the ward talking informally with patients and staff.

The Princess was then escorted to the Florence Sheppard Dining Room where a reception was held. There she met Dr Sue Rigden and staff and patients from the Paediatric Renal Unit. Finally she was presented with a posy by patients Trevor Hubbard and Michael Gates – two of the youngest recipients of erythropoietin treatment.

Trevor Hubbard, with S.R.N. Carmen Griffiths (left), and Michael Gates, with S.R.N. Tracey Milburn (right), present a posy to Princess Alexandra.

Dr I. G. Anderson

Dr Anderson of the Department of Biochemistry is retiring on September 30th of this year having been in the School's employ almost 40 years since January 1949. There is to be a retirement presentation and anyone wishing to contribute to this may do so by contacting Professor Diplock at the Department of Biochemistry, U.M.D.S., Guy's Hospital, London SE1 9RT. Tel: 01 407-7600 extension 3361.

Guy's Hospital South Western Dining Club

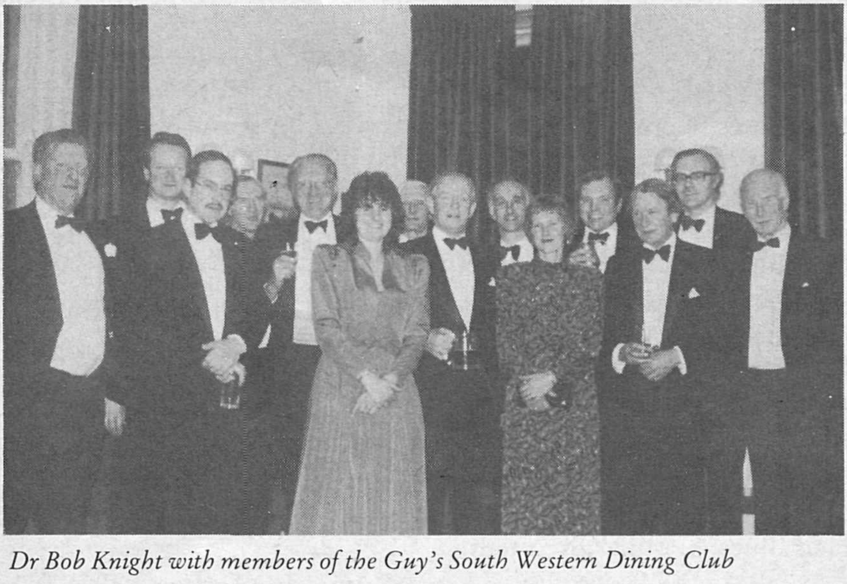
The inaugural meeting of this club was held on Friday 11th March 1988 in the Medical Mess of the Royal Naval Hospital, Plymouth. Invitations on this occasion were restricted to medical graduates from Guy's. Fifteen members attended a business meeting held in the bar prior to dinner. They varied widely in age and came from Devon and Cornwall.

Surgeon Commander John Soul was elected as President, and Dr Stewart Duncan as Hon. Secretary of the Club. Both were warmly thanked for their considerable efforts in organising this occasion, and for stimulating the idea of a Guy's S.W. Dining Club.

The general feeling was that invitations should be restricted to those living in Devon and Cornwall and that Dinners should be held annually. The location should vary between Plymouth, Exeter and Truro. Support was also given to the view that dental graduates from Guy's should also receive invitations.

An excellent dinner was then served in full Royal Naval tradition. Our guest speaker was Dr Robert Knight, who was warmly welcomed by John Soul and thanked by Stewart Duncan.

The Guy's Hospital South Western Dining Club was most successfully launched, and greater support will be expected in future.



Dr Bob Knight with members of the Guy's South Western Dining Club

Mr Jonathan Beard

Jonathan Beard, who qualified in 1979 from Guy's and is currently Senior Registrar in Surgery at the Leicester Royal Infirmary, has won this year's Cutler's prize. Awarded by the Worshipful Company of Cutlers of the City of London, the prize is for his invention of a simple infusor for measuring peripheral resistance during arterial surgery.

Medical Staff Dinner

The Medical Staff Dinner will be held in the Robens Suite, Guy's Hospital, on Saturday July 23rd, 1988. A sherry reception from 6.15 p.m. will precede a four-course dinner (wine included). The Guest Speaker will be G. W. Scott, Esq., M.D., F.R.C.P. Dinner will be followed by 'live' music for dancing, until midnight.

Tickets, at a cost of £44 (double) or £22 (single) may be obtained from Dr. John F. Stebbing, Boland House, Guy's Hospital, *before* 20th June. Numbers are limited to 100 persons so early application is advised. Cheques should be made payable to "Medical Staff Dinner Account". Anybody wishing to join the postprandial entertainment from 9.45p.m. may apply for tickets at a cost of £5 each.

Blues Awards

The Blues Committee met in Boland House on 19 April to consider nominations for Full and Half Blues. The following Blues have been awarded:

Athletics Club
Half Blues: Kier Powell, Elspeth Elson, Adnan Tufail

Badminton Club
Full Blue: Rob Murray
Half Blue: Mike Carling

Boat Club
Full Blues: Helen Gaylard, Simon Huins
Half Blues: Sarah Cockayne, David Quick, Earl Read Ward

Cricket Club
Half Blues: S. Millar, K. Singh

Football Club
Full Blue: Dave Callaghan
Half Blues: Emin Carapeti, Jonathan McHugh, Gautom Biswas, Phil Roberts

Men's Hockey Club
Half Blues: John Hatfield, Deepak Gill, Mark Cynk, Alan Whelan

Rugby Club
Full Blue: Patrick Davis
Half Blue: J. Barwell

Men's Squash Club
Half Blue: J. Thieme

Ladies' Squash Club
Half Blues: Suzanne Ward, Karen Whichello

Tennis Club (Ladies')
Full Blue: Janet Neal
Half Blue: Rowena Bevan

Tennis Club (Men's)
Half Blue: Mark Appleby

Guy's Hospital Cricket Club 1st XI Fixtures 1988

May

28 U.C.H./Middlesex Hospitals (League)
29 St Mary's Hospital

June

1 King's College Hospital (League)
8 Hurlingham Oddfellows
11 Old Lambethians
12 Brixton West Indians
15 Royal Free Hospital (League)
18 Past *vs* Present
22 St George's Hospital (League)
25 Grays Inn
26 St Bartholomew's Hospital (League)

July

3 St. Mary's Hospital (League)
9 Lewisham Wanderers
10 Dental Staff *vs* Students

Obituaries

Mr. R. E. Rix

Mr Reginald Ernest Rix, who was born on 26th June 1900, died on Sunday, 10th April, 1988. To all of us who knew him in his professional life Reggie Rix was a very special person who was respected, loved and admired for his gentleness, integrity and humour. Who would forget his wicked little chuckle?

He entered Guy's in 1921 and qualified LDS in 1925 followed by the Conjoint Diploma in 1928. He was House Surgeon to Mr Pearce and Mr Bulleid from April to October 1928 when he became Registrar in the Dental Department for Children. He was Assistant Anaesthetist to the Dental School from October 1929 to September 1933 when he was appointed Dental Surgeon to the Evelina Hospital for Children. In January 1935 he became Assistant Dental Surgeon (a Consultant) to the Dental Department for Children. In 1946 he succeeded Mr. F. Bocquet Bull as Dental Surgeon in Charge of the Department; a post which he held in the Hospital until his retirement.

He spent almost 45 years at Guy's and demonstrated his outstanding abilities as a dental surgeon, orthodontist, anaesthetist and teacher. He was always ready to help and advise others. Generations of Guy's dentists, and many others also, have very good reason to be grateful to him. He was an inspiring clinical teacher and was particularly happy with a group of students clustered around his young patient. Many of his former students will well remember the expressive use of his hands and features to emphasise a particular point.

His wise counsel was of great assistance to the School in the difficult post-War years not only for his teaching but for his fairness. He became Chairman of the Dental Council at Guy's and examined for the Royal Colleges in London and Glasgow and for the University of London.

It was in his orthodontic practice in Harley Street that he developed many innovations in orthodontic mechanisms and published them. It was here also that his ability to observe and interpret was put to use and formed the basis of much of his later published work.

It was his study of the developing oral environment which was, in particular, the subject of his Presidential Address to the British Society for the Study of Orthodontics in 1946 which was published and is still referred to more than 40 years on. In 1966 he was elected President for the second time – a rare honour shared only with George Northcroft and Harold Chapman who were Founder Members of the Society. The Society then further expressed its regard for him by electing him to Honorary Membership when he became one of only five such at that time.

Wider national recognition was his also for he was Advisor on Orthodontics to the Ministry of Health and an original member of the Dental Estimates Board. He was the recipient of an Honorary Fellowship in Dental Surgery of the Royal College of Surgeons of England, the Diploma in Dental Orthopaedics from Glasgow and the Diploma in Orthodontics of the English College when that was instituted.

He was active in the European Orthodontic Society and many will recall the memorable meeting when he was President in 1954 in Eastbourne with Phyl beside him – recorded in the Society Transactions of that meeting with a splendid photograph of them both at home at Church Farm. He was also an Honorary Member and his Past-Presidency was remembered with a presentation at the last meeting of the Society in Rhodes in October 1987.

We, his students, colleagues, staff and patients will miss him but nothing can deprive us of the immense influence which he has had upon us. We are honoured and grateful to have lived a while in his shadow.

We extend our sympathy to his widow, Phyl, and his children, Anna, Andrew and Bruce who is a Guy's qualified doctor.

W.J.T. and A.C.C.

Samuel Coplans O.B.E., L.D.S.

Samuel Coplans O.B.E., L.D.S. passed away on 13th February, 1988 after a short illness in his 96th year.

He qualified at Guy's in 1921 after having served in both the South African and British Armies during the First World War.

Three of his brothers were doctors, the eldest a Guy's graduate had been a Medical Officer in the Boer War. After a house job he emigrated to South Africa and started a practice where he stayed until 1925.

He returned to England and practised in South Kensington until the outbreak of the Second World War. He served in the Royal Army Dental Corps and rose to the rank of Major.

In 1945 at the age of 54, as his South Kensington practice no longer existed, he started afresh at Westcliff-on-Sea and built a large and successful practice until his retirement at the age of 73.

His great administrative ability was put to use by the British Dental Association and he became their Honorary Campaign Director, raising contributions for the purchase of a site and building for the Headquarters in Wimpole Street.

In 1973 he was awarded an O.B.E. for his services to Dentistry.

He was a man of immense charm who retained an interest in his profession until the end of his life. He is deeply missed by his colleagues and friends.

S. K.

Janet Knight of Thatchings

It is with very deep regret that I have to report that Janet Knight, housekeeper to Thatchings from 1969, has died peacefully at the age of 77. She was cremated at Chichester on Tuesday, 26th April, 1988.

Janet was 'christened' in a doctor's surgery because of her bedside manner and her aptitude for making a great cup of tea for those nobly sitting in the waiting room. Her arrival at Guy's ancestral home – Thatchings – transformed the warmth of the establishment and the fictitious TV character took life in the minds of all her visitors.

No doubt many of you will associate her with tempering excessive merriment on the odd riotous occasion and being ever able to supply a suitable retort! Her early morning calls, the wakings with hair pulling, the constant filling of our stomachs with enormous quantities of food throughout the day and her occasional

requests to take Lassie for a walk endeared her to all. Janet was always willing to take part in many activities or could relate stories of her past mixing with royalty, her acting career, her youth in Stranraer, stories interjected with "So . . . anyway" and "I canna mind". Her experiences set us fair for the vagaries of life ahead. She was always youthful and sparkling in her speech (even to the end) even though her physical body belied her age.

Once we signed the visitors book we became one of Janet's family, which has spread around the globe. She was part of our youth and ever occupies a special place in our thoughts. Perusing the visitors book brings memories flooding back of the days never to be repeated (as Thatchings has been demolished to make way for 3 houses!). Comments like 'A very revealing week – Dotti 1974', 'You are irreplaceable and indispensible for the management of this excellent place – Malik 1971', 'We love you Janet – Tony Fallowfield 1971', ,'Thatchings for matchings!, Shangri la – Sian Williams 1971' and many others.

Janet's containment since her retirement has been long and difficult and, although her loss of contact with her friends' warmth of spirit will sadden her, she would wish this to be a remembrance.

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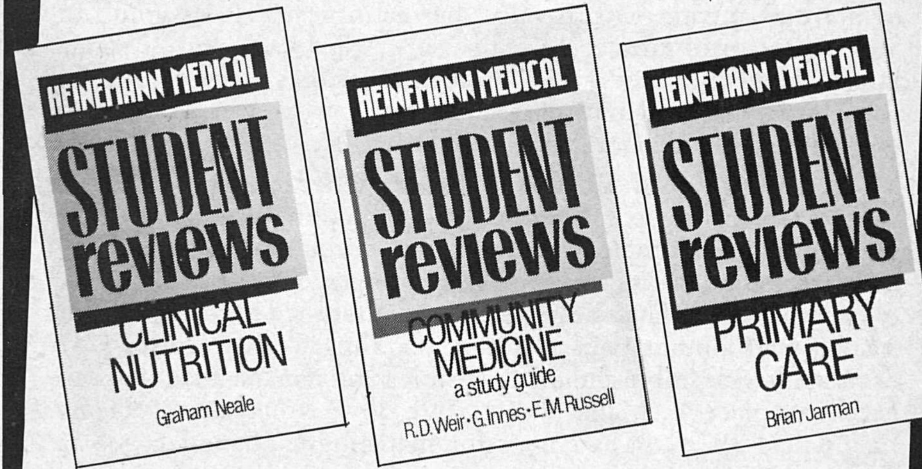
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It would be more than appropriate that Janet's memory be more permanent on Guy's site and I would, therefore, ask that all her past 'family' consider making a donation to the 'Janet Knight Fund', which I intend to be used to buy a £500 rocking horse with extra money being used for the ward fund. On receipt of your donation I could send you a page from the book with any comment you made (please give approximate date/year and address at the time) and the last page in the book with Janet's final jottings – "Always the open door, memories sweet link past and present".

She gave so much out of pure enjoyment and this notice will hopefully recall those halcyon days!

Ian Gray
Department of Neurology,
Guy's Hospital,
London SE1 9RT

Clubs' Union News

As el Presidente Stuart is busily slaving away at medicine in Jersey (pass the suntan oil, would you, there's a dear), it falls to me to update you on what the Union people have been up to. Firstly, many congratulations are due to our Social Secretary Emma Ross, and the other members of the Charities Week Committee, Sam Fielding and Ron Simon for organising such an enjoyable and successful Charities Week: it appears that over £30,000 was raised, almost three times the amount raised last year. Preparations are under way for the Summer Festival which this year will take place on Saturday 4th June, hopefully this year with much more involvement from the clubs.

So what else has happened? Well, after many problems with security at hops last term, it appears that the requirement for each club running a hop to provide one person on a shift basis to sit with and help/watch over Abbott Security appears to have helped – we have had no serious trouble so far this term. Also we are working with the St. Thomas's Amalgamated Clubs to put together a UMDS Constitution which will come up for approval at an EGM sometime early next term. I urge everybody to attend as this will fundamentally change the way the Union and the clubs will operate – almost everything will be run on a double campus, UMDS basis.

That's about it, really. Unless anybody wants to buy some unused clinical textbooks at cost price? They're only slightly waterdamaged (who mentioned the Hit Squad?). Also, all you 4th and 5th year medics, come and collect your hip, essentially def clinical checklists and binders – the essential things to win patients and influence consultants with. They beat a paeds badge and a red steth any day. We've still got plenty in the Union office so please come and take them off us. Anyway, roll on the long, hot summer.

Dave Maudgil
Vice President (Medical)

Charities Week Report

by Ron Simon

This year's Charities Week raised £31,000, a considerable improvement on last year's total of £12,000. Although this comparison is very impressive, it is important to realise that for some years Guy's has lagged behind the totals achieved by other medical schools during rag week. Only now can we begin to say that rag week has achieved something of its full money-raising potential.

The funds raised are divided equally between two appeals within Guy's:

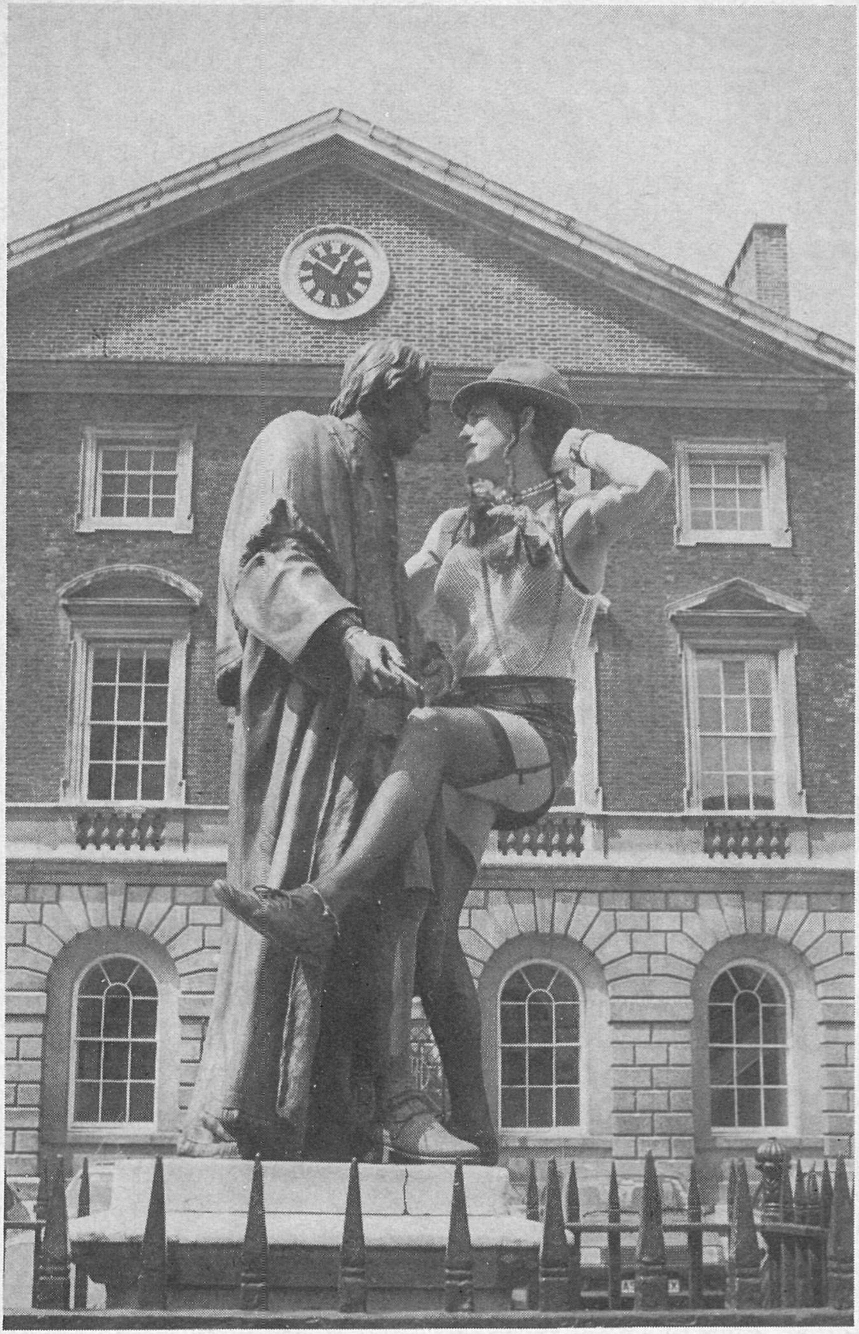
(1) The Braxton Hicks Ultrasound Scanner Appeal organised by Annie Bower;

(2) The Oncology Unit Appeal organised by Philip Housden.

Both appeals require several hundred thousand pounds in order to achieve their objectives, but we are assured that the Charities Week contribution is of great help.

City Collection

As usual it was the street collections that raised the bulk of the money. The city collection on Wednesday 27th April, the only available date for permits, raised £11,800. This collection was easily the largest fund raiser of Charities Week. Publicity started going



Guy 'n' Doll?

up on the Monday throughout all the schools in Guy's. By Wednesday lunchtime we hoped medics, dentists, nurses, physios and radiographers had been informed. We had 100 collecting boxes and a few larger receptacles to give out. Within half an hour all had been taken onto the streets by a stampede of eager volunteers. Later in the afternoon when some boxes were returned, others were there to take them out again.

The largest single amount brought in was by a group of eight who filled two buckets with £1600. We gave out stretchers to match the greens and whites that people were wearing: these went out with people on them and returned brimming with coins. And all this in spite of a largely overcast day.

Charities week proper started on a Bank Holiday which was originally to be a day off. However, in the course of raising money from advertisers in our Rag Mag – more of which later – we were given a £500 hi-fi system which we decided should be used as an incentive for a Bank Holiday collection. We would give the hi-fi to the person who collected the most money on Monday. Some frantic last minute publicity managed to persuade about 70 of our most stalwart street collectors to forgo their holiday in aid of our worthy cause. No one it seems was keen enough on the hi-fi to inject their own capital, but Teddy Clapton and Rhian Beck were keen enough to collect a large bucket full of coins and then return in pursuit of more when told they were just behind the current leader. Their perseverance was rewarded. Between the two of them they collected £424, an average of £212 each, and just clear of runner up Mike Batley. To solve the problem of who gets the hi-fi, Rhian and Teddy tell us that they will probably share a flat together next year.

Champagne for Commuters

Champagne for commuters on Tuesday May 3rd was a collection with a difference. We assembled a large number of Guy's students dressed in black tie on London Bridge at 7.30 am and gave them champagne and flowers to give out to any commuter donating to Rag Week. In addition, a trio from the Guy's Orchestra did their bit to add an air of serenity to the proceedings with some classical music. It is remarkable how reluctant commuters are to begin the day in a civilised manner by taking a few brief moments to sip champagne or Bucks Fizz to the dulcet tones of Guy's musicians. And all for charity too! (This reticence can in no way be blamed on the trio – led by Chris

Gnome bank charges?

Roberts – who gave a fine performance despite the appalling acoustics.) Of the commuters who did stop, most gulped their champagne 'down in one' and staggered off to work. Nonetheless we raised £2000 from this collection and would like to thank New Covent Garden for donating the flowers and the Guinea Butt pub for the champagne (which was finished remarkably quickly). The amount actually drunk by the commuters remains a mystery.

The now legendary 'Tarts and Tramps' pub crawl on Friday raised £2600 and was without doubt the most enjoyable collection of the week. Southwark holds a remarkable concentration of pubs within a small area and Huw Morris knows them all. After several dry runs – and a few wet ones as well – he devised two routes each accommodating 12 local pubs which were assaulted by a hoard of tarts and tramps. Yet again this year the tarts greatly outnumbered the tramps amongst both male and female Guy's students. The rationale behind this preference could make for an interesting psychology BSc!

Fund raising – if it is to be successful – should be run like any other business. If you want people to work for you, give them an incentive. Our incentive for the week was an expenses paid

Tarts and Tramps

weekend for two to Paris – very kindly donated by STA Travel. For every £25 collected during the Rag Week, (including the City collection but not the Bank Holiday) a raffle ticket was put in a Box. On the last day of Rag Week – during the Tarts and Tramps Hop – a representative of STA, flanked by two of the Charities Week Committee dressed as tarts, pulled out a raffle ticket with the winner's name on the back. Several of us were worried that a universal law – named after someone beginning with S – would guarantee that the raffle ticket chosen would belong to a person who had only collected £25 during the entire week, thus leaving us open to lynching by the more worthy collectors who had accumulated several hundred. We would like to assure all the wonderful collectors out there that Tim Earl did in fact collect more than £25.

Of the wonderful collectors who have come to my notice, Jamie Rose stands out as the person who collected the most money during the week. Over £1000 by all accounts, an incredible achievement. Our congratulations to him. Other notable collectors include a group who didn't even get out of bed for most of Charities Week. This was largely because their bed was in the Colonnade. Jake Mehta organised two beds to be set up in the Colonnade throughout Rag Week during which time two volunteers at a time complete with night caps and gowns spent a 24-hour session in bed regaling passers-by with cries of how hard it was having to stay in bed and requesting money to lighten their burden. Several hundred pounds were thus raised with what appeared to be minimal effort.

Rag Mag

Scanner magazine on sale for £1 was definitely a Rag Mag with a difference. After the Rag Mag debacle of several years ago which lost the hospital about 200 times as much in bequests than Rag Week of that year raised, certain people in responsible places were somewhat wary of allowing a Rag Mag at all. Last year there was more of a leaflet than a Rag Mag. This year the magazine looked more like *The Sunday Times* Colour Supplement, partly because *The Sunday Times* designed the front cover. Edited by the notable publicist Mark Slade, the lack of student contributions was more than compensated for by the number of eminent journalists, humorists and friends of the editor who were featured instead. Rashmi Sharma won the £50 prize for best student entry. Rumours that Remy Chevalier is in fact a student at Guy's have yet to be confirmed.

A programme of the student events that took place during Rag Week can be found in *Scanner* Magazine. These included a posh hop in 1920s dress, a hypnotist, a cartoon auction, a real ale and darts evening (Huw Morris again!!), the film, Up Pompei, the most riotous inflam in living memory and finally the Tarts and Tramps Hop. Copies of *Scanner* are still available for £1 (plus 50p p&p) from Charities Week, Boland House.

The darts competition for the prestigious Charities Week Darts Challenge Trophy cast in 18 carat plastic was very narrowly won by the Orville's Orgasms captained by Jim Lewis. They beat the Shoe's Shaggers, a local pub team, after eliminating the Firkin Physiologists (captain Fred Imms) in the semis. A rematch in next years Rag Week is keenly awaited by the Shaggers.

The committee would like to thank all the students involved in organising the events, manning (and womanning) the doors, bars and cloakrooms, and helping to clear up afterwards. A special thanks to Friz for designing the posters and T-shirts and getting the band, and to Annie Bower for her fund-raising expertise and help in rescuing what must have been the worst organised cartoon auction ever. The cartoons auctioned were very kindly donated by cartoonists of popular newspapers and magazines. Several of the cartoons available for auction were bought back by the organiser. Some of them are pictured in *Scanner* Magazine namely 'Third Opinion' on p.6 and 'Casualty' on p.23. Any offers for them at £40 or more should be sent to Ron Simon, Charities Week, Boland House (Cheques payable to U.M.D.S.).

In summary there are several factors that could be said to have contributed to our vastly increased total this year – the fact that we collected in the summer instead of winter, the incentives offered to our collectors, good publicity in *Scanner* Magazine, the political climate with a high profile NHS topped by Mrs Thatcher saying that private investors should give some of their tax concessions to the Health Service – all these things.

However, I like to think that the most significant factor was a very keen and resourceful preclinical student population ready to 'hit the streets' for Charity.

Ron Simon, Sam Fielding and Emma Ross
The Committee

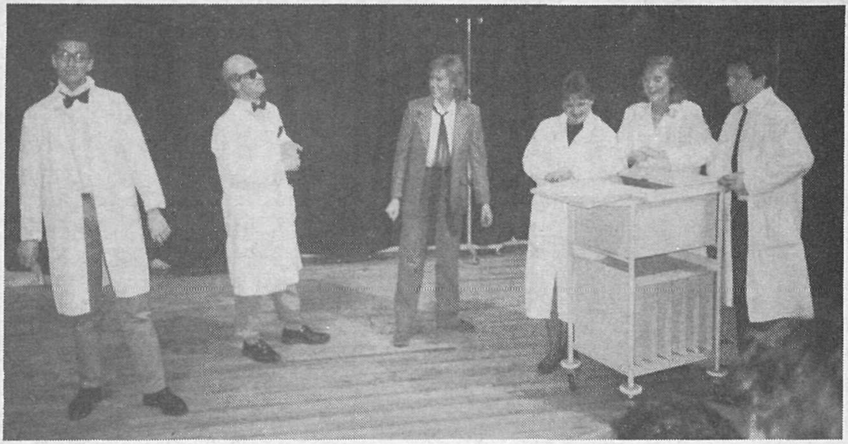
The Residents' Play
Robodoc: The Alternative to Alternative Comedy

reviewed by John Rees

Robodoc took to the boards in the Harris Physiology Theatre on 14th and 15th April 1988 and maintained the tradition of the hospital show. It provided a very enjoyable evening. Traditionalists may have been disappointed; gone was the large cast of all available house officers, and gone was the rambling plot involving hospital intrigue. Consultants who had been wondering why their old suits had not been disappearing found the answer; impersonations were restricted to three white-coated professors, two cardiology registrars and a small strange behatted man called Mike Tigers. Advantages of the changes were that the show moved quite smoothly and professionally from sketch to sketch. The same small cast took on all the sketches and performed them with great energy and skill. The disadvantages were the lack of cheap slanderous jibes and the lack of involvement from many of the house staff. Most of those who have taken part in previous plays remember the efforts as hugely enjoyable and it is a shame if changes in jobs and attitudes mean that the options for the Residents' Play will be restricted.

LLOYD CLINIC

A Zimmer Frame at the Lloyd Clinic?



A Professorial Ward Round

The select cast, directed and produced by Marcia Hall, gave us a splendid show. It started with a virtuoso performance from pianist Ray Lamb, and went into a series of twelve sketches in each half of the performance. The eight members of the cast performed with great vitality and obvious enjoyment. The first half ranged freely in its topics, moving from doctors' cars and casualty sisters to secretaries and the Lloyd Clinic. These were punctuated by the occasional impossible mission for Robodoc; finding a bed or a nurse with an intravenous drug certificate seemed to be problems familiar to many of the audience.

It is difficult to imagine a Residents' Play without a sigmoidoscopy sketch, and I was pleased to see that the advent of the flexible instrument hasn't affected this tradition, which opened the second half. It was followed by the Glad Cather song, which seemed to imply the strange suggestion that there might be personality clashes in the Cardiac Department. I enjoyed the taste bud sketch, with Sweet, Salty and Sour and those who had been at the last play were delighted to see the return of the Arrest song, including another virtuoso performance from Alex Grayson, with "Another One Bites the Dust".

Altogether it was a thoroughly entertaining evening, thanks to all the cast: Jo Brooks, Liz Farrell, Helen Fidler, David Fluck, Alex Grayson, Marcia Hall, John Smithson and Yatin Young, together with the lighting and sound crew, Bod and Julian Fraser. Special thanks too must go to pianist Ray Lamb and producer and director Marcia Hall. All combined to produce this performance of the Guy's alternative to alternative comedy.

2nd BDS Revue – Fatal Extraction

reviewed by our Theatre correspondent

I was rather anxious when asked to do this review that I, as a non-dentist, would have to sit through a gruelling hour of snide sketches about medics and obscure in-jokes about clinical demonstrators. I was very pleasantly surprised therefore that the revue turned out to be an amusing and well organised evening throughout.

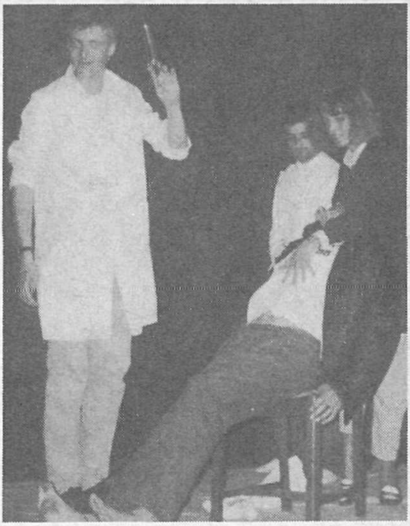
The ballroom was absolutely packed out. Staff in the front row (in the direct line of attack), Rugby Club in the row behind, Murray Brookes reading the putrid jokes in the programme (yes – even a programme!!) without the aid of his wife this year!

The revue started with Peter Ware, acting as compere throughout the evening, showing off his considerable talent in a variety of sketches. Naturally for a dental revue, a lot of the material revolved around the dental chair and usually some helpless punter being pinned down. There was also some preoccupation with Richard 'Spaz' Hadley (now ex, – very ex-Guys!) which, for those that did not know him (and they must number few) a great deal of the amusement must have been lost. Some of the sketches were not highly original but were well done anyway. I thought Can Huseyin's version of Stavros was excellent (well, he's had practice!) and innovative use of brown impression material in '501' made an interesting and amusing variation on Nick Kamen's version of the same advert. The original material was superb, and compliments must go to the authors. Notables were Mike Heffanon as Olga Jerkoff with his/-her hip-spinning display and 'A Day in the Life of . . .' at the very end.

Fatal
EXTRACTION!

I don't know whether it was by accident or design but most of the staff that were parodied teach medics and dentists alike so the humour

Futal
EXTRACTION!



was appreciated by a much wider audience. The dental characters that were taken out were very convincingly portrayed. I felt that even if I didn't know some of these people in the Dental School, I would somehow recognise them if I saw them. Particularly good were Can Huseyin as Mr (I've got a plank) Lumsden and Ian Mercer as the twitching Mr Pitt Ford. Dave Hallam as the compound lady on floor 21 was superb.

Apart from a few weak bits (I never could see the funny side of that bed pan joke – sorry!), the evening was a great success. My only regret was that I wore eye make-up. I laughed so much that I had cried it all down my cheeks within 15 minutes.

Well done you lot. To coin a phrase, next year are going to have a very tough act to follow.

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

GRACE
Guy's Research and Cycling Expedition Initial Report

by Jamie Barwell and Neil Davies
3rd Year Medical Students

Our first few days were spent battling with street telephones in downtown Caracas. We were trying to set up some meetings with various people who might be interested in collaboration with Dr Bray in London, concerning research into traditional plant medicine with anti-malarial activities. Venezuelan Spanish in a public phone (with traffic roaring past and the temperature and humidity rising) seemed a long way from our Spanish lessons in a cool classroom in London.

Eventually, we found our way to the Faculty of Pharmacy, at the Central University of Venezuela. We were able to discuss the project with a Chemist and the Botanist who runs the Herbarium connected to the Faculty. They seemed fascinated by the prospect of working in this field, particularly as in parts of Venezuela, many cases of malaria (due to chloroquine-resistant strains of the malarial parasite P. falciparum) are currently occurring.

They explained that there may be difficulties in exporting material for testing in England. Venezuela has suffered in the past by not receiving just reward for its natural products. For example, a widely used antibiotic was discovered from a soil sample which had been taken out of Venezuela. Venezuela's income from this discovery was US$5.

Thus, for work to continue, collaborative links must first be set up between Venezuela and London; we have set the wheels in motion for such links. However, it seemed that we would have to wait for 3–6 months after the above agreement before gaining permission to collect any plant material.

Having relayed this information to Dr Bray in London, we set off for some training on our bicycles into the mountains above Caracas. In unaccustomed heat and with full equipment packed into our Karrimor panniers, the first day seemed very hard work. However, we were encouraged to find out that the Marin mountain bikes had taken us from 900m. (Caracas) up to 2000m. in that day, over a distance of only 28 miles. This was encouraging for our planned climb over the Andes later in the expedition.

The next stage of our journey was in Amazonas state, in the south of Venezuela, situated around the upper section of the Orinoco river.

Soon after our arrival in Amazonas state, we visited CAICET (The Central Amazonian Centre for the Investigation of Tropical Diseases). Despite the postal delays that had dogged our earlier correspondences, they had received our most recent communication. After some discussion with the Director, it was obvious that they were keen on collaboration both with London and the Faculty of Pharmacy in Caracas. To our delight, they would endeavour to speed up the bureaucratic process so that we could continue with our expedition as planned. We have been joined, for this phase, by an Anthropologist (Simone Cabrera) and a Botanist (Emigdio Melgueiro).

We collected our first specimen today, a member of the Leguminasae family whose woody fruits are said to have anti-malarial properties. They were used by the Panare Indians in this area. The Panare no longer use medicinal plants here, but an old man (claiming to be the "Sheriff of Los Pijiguaos") had learned some of their methods as a young man.

We will be spending the next six weeks much further up the Orinoco river, in the area 64–65°W 2–3°N. This area is inhabited by the Yanomami Indians. Their contact with the outside world was extremely limited before 1950. This, and other measures taken by the Authorities here to protect their land rights, has meant that their culture and way of life has remained intact in most respects.

According to various reports, the Yanomami have accepted modern medicine and adapted it to find a place alongside their traditional healing techniques. The open approach in which the Venezuelan medical services have introduced modern medicine to the area has helped this process. Our hope is that by showing similar respect for the techniques used by Yanomami Shamans (traditional healers) we may be able to persuade them to share some of their secrets with us.

We plan to collect specimens for species identification and sufficient material for chemical analysis and biological testing (for activity against chloroquine resistant strains of P. falciparum). This can be commenced by the institutions in Caracas and London, once agreement has been reached regarding exportation and other problems.

Last minute panics about collecting permission before the four of us set out, seem to have been resolved and we leave the modern world behind on Saturday 16th April.

We would like to extend our thanks to everyone who has helped with G.R.A.C.E. especially the following: A Devonian Industrialist, Arcade Supermarkets, Barron's of Farnborough, Baxter Health Care, B.M.W. Cars, Brooks Saddles, Ciba-Geigy Pharmaceuticals, Karrimor International, Marin Mountain Bikes (A.T.B. Sales Ltd), Medical Defence Union, Medical Protection Society, Miller Print Ltd, Timothy Guy Design, Wiltshier Buildings.

Sue de Monas

Resistant Strain

I have been receiving complaints from some beleaguered medic that people keep coming up to her and accusing her of writing this rag and, while I understand that it is not difficult for your average Gram negative bacillus to convince the admissions board to offer a place at this great lavatory seat of learning, I am most distressed to think that people believe that these hallowed words that I despatch each month come from a lowly human medic.

Opportunistic Infection

Another thing that has come to my attention is the formation of a rather rampant group of young ladies that call themselves the 'Floor Three Slappers'. Apparently, these girls have a habit of ganging up on some poor chap and titling him 'Fancy of the Week'. The (un)lucky recipient voted in by a unanimous decision then receives a certificate and has to suffer a week of outrageous flirtation *and* has to buy them all a drink. I would be interested to receive information from any such recipients of said award. (On a postcard please. *We need to be told!!!*

Food Poisoning

Well wasn't Rag Week a success. Over thirty thousand raised I am told. It was nice to see the hit squad in action. Apparently some poor girlie got her skirt ripped off at the hop following the Dental Revue and reciprocated by arranging for said ripper to be 'hit' with some ghastly concoction of flour, eggs and the like. Apparently, even old food from the hospital kitchens formed part of the projectile. God, it's bad enough *before* it gets thrown away.

Cerebral Oedema

I'm glad to see that the correspondence for 'Pompous Ass of the Year Award' has finally been closed by our honourable Editors (who incidentally are leaving the *Gazette*). The winner by a short head (so some of his ex-girlfriends tell me) must be Mr Mark Sopher in last month's edition. My cousin – Lady Norma Volaemia – would like to extend her warmest thanks for putting her name in the limelight however. On judging the nominations for the said award she was heard to mutter that 'he's only got two brain cells and one of those is inhibitory . . .' about the winner.

Kuru

Another interesting comment came from a student who, whilst doing the Paediatrics firm, exclaimed that she never realised how common Prader-Willi syndrome was amongst members of the Rugby Club. (Look it up!!!). Perhaps a little unfair I thought but one can follow the train of logic.

Cerebral Anoxia

It was nice to read Miss Agesilaou's report on the Advanced Cardiac Life Support course at Bart's. I mention this because of a worrying piece of news that has reached me about Guy's Ski Club's last skiing holiday. Apparently, during an evening of frivolity known to ski buffs as *après ski*, a young lady was discovered to have passed out on the floor. At this point one of the Dental Staff took it upon himself to take charge, brushing aside a medic whose knowledge of medicine went beyond the bounds of conservative dentistry. Said dentist proceeded to hold the lady upright 'to give her air', I'm told. My informer has since been heard to mutter that while a dentist may not need cerebral blood flow, he should at least allow others to have it! This statement was exemplified recently by a final year dentist who after injecting twice the required amount of i.v. hypnotic into the arm of a patient because the first dose had no effect, finally realised that the brain is not in the forearm and decided to remove the tourniquet at which point . . . need I say more!

Air Conditioning Microflora

I was always under the impression that Guy's was keen on broadcasting as indicated by all the dishes on the roof of the Tower. However, I didn't realise just how ardently Phase 2 wanted to be like the BBC . . . the dentists, I hope, made the most of this impromptu holiday.

Fashion and Beauty

In
The Sunday Sport (especially Fiona's problem page!)
Lost in Space
The Indo-Thai Restaurant
Wolfson Sublets
Wimbledon FC (congratulations)
Legionella

Out
Cedric Bore
Coutts Bank Accounts
That ridiculous doctor on 'Neighbours'
Pharmacology weekends
Phil Brown ties

Medical Notes

I pick up my pen roughly where I finished off last time to report that the cost of putting right the damage caused by last autumn's hurricane proved to be a good deal more than we first thought, but also to say that thankfully the bill was met in full by the Regional Health Authority. The last six months have also seen a number of acts of apparent largesse by the DHSS, but one strongly suspects that the mandarins at the Elephant and Castle (headed by the mahout as Proboscis of the THS Health Summary calls its political master) do not really understand the nature of life at the sharp end. The notion that money granted at the back end of the financial year can be used to re-open closed beds before April 5th is surely proof of this. Maybe though it is churlish to offer such a comment, and we certainly are grateful for money no matter how many strings are attached to it.

Recruitment of Nurses

Anyone who reads the papers these days will know of the grave difficulties which we, and everyone else in London, have had in attracting nurses. As I write we have one medical and geriatric ward closed for this reason and for the past year or two we have been living a very hand-to-mouth existence. Nobody can blame girls for not wanting to come and work and live in central London with all its problems, and its astronomic housing costs, and it is no surprise that 'learner nurse shortfall' is a new bit of jargon which is often on the lips of our managers. It is true that inability to recruit not only nurses but many other types of staff have been of real assistance in breaking even financially in the past year – the second year running – but it certainly doesn't make it easy to provide the kind of service we would like to our patients. Whether all this will change as a result of the recent review body's award we shall have to wait and see, but the clinical grading structure and its pricing is greatly to be welcomed. So too is the recommendation that two-thirds of the medical defence organisation subscriptions for doctors is to be refunded as an expense. We still await the details of these proposals but there is an almost palpable sense of relief that at least the Government has made a start.

Phase III

The promise of the third phase of the rebuilding of the hospital has helped us to keep going during some pretty rocky times in the past three of four years. A great deal of quiet and competent work has been put in on the planning over the past 10 months by many people, and we are now beginning to see the shape of things to come. Inevitably though, the building is going to cost far more money than was originally thought, and very serious decisions about the funding of the new building are going to have to be taken in the near future. Building costs, particularly on a very cramped site in central London, have increased enormously even in the past year, and the amount of construction going on in London and the South East gives every prospect that costs will rise steadily. Canary Wharf and the Channel Tunnel are between them said to be going to occupy 30% of the country's construction capacity at the peak of these projects, so delay will only make matters worse. Hunt's House and the old Out Patient Department could not conceivably see us into the next century, and the new building is crucially important to the future of the hospital in an increasingly uncertain world. The site for the building to the north and east of Guy's Tower will shortly be taken over first by a company who rejoices in the name of Necropolis, who will be removing the bones from part of the site which was a paupers' grave in the dim and distant past, and secondly by the archeologists from the Museum of London. We must hope that they don't find anything too interesting. Without any question I shall be returning to Phase III again and again over the next few years.

Nuffield House

At long last it looks as if the future of Nuffield House is now being resolved. For various reasons our potential partners in the refurbishment and opening of the existing building have fallen by the wayside, but a new scheme has now been concluded which should allow it to re-open with excellent facilities within the next year. With any luck at all it will very quickly start to contribute major sums of money to the hospital to support NHS activity. In the meantime a temporary Nuffield Ward will be opened in the Tower providing very good accommodation which will return to NHS use as soon as Nuffield House itself re-opens.

Domestic Services

There is another first for Guy's to report. The Government has for some time been seeking to persuade health authorities to contract-out for certain services, notably domestic and laundry work. At Guy's we have a loyal and in many cases long-serving workforce which we would not like to lose, in addition to which there are plenty of horror stories about other authorities' experiences in these matters. Guy's has now signed a contract with a company called Servicemaster, who will provide the equipment and the management and supervision for our domestic and portering services. The workforce will remain in our employment and subject to the usual Whitley Council terms and conditions of service. Servicemaster is an American corporation which provides similar services to very large numbers of acute hospitals in the United States, and this is their first venture in the UK. Over the next three years we expect to save £600,000 over current costs, and in adddition to benefit from other services such as wallwashing, windowcleaning and bedmaking which would otherwise cost us another £400,000. We think this is an innovative and enterprising way forward, and we hope to be able to show others in the NHS that they should do the same.

Internal Markets

The current review of the National Health Service under the chairmanship of the Prime Minister is of course subject to all sorts of rumours, but it seems almost certain that some move towards internal markets will be a feature of future life in the NHS. We feel at Guy's we would be better placed than many to take advantage of opportunities of this kind. There are lots of people who feel that the ultimate answers to the problems posed by teaching hospitals and so-called centres of excellence will be provided by their ability, or otherwise, to survive in a competitive market. Success will necessitate some fast footwork, some new thinking, and perhaps even a marketing manager. We live in exciting times.

New Chairman

At the beginning of April, Cyril Chantler came to the end of his three years as Chairman of the Hospital Management Board. He has made a signally important contribution to Guy's which has been recognised by all his colleagues. Hugh Saxton, the erstwhile Director of the Department of Radiology, has taken over these heavy responsibilities. Doubtless the style will be different, but the same imagination and sense of purpose is already evident and we all wish him well and will ensure that he gets the support which he will need.

Hospital Crest

Lastly, it is a great pleasure to report that the hospital crest is about to be replaced on top of the wrought iron gate at the front of the hospital from which it has been missing for a number of years. Its predecessor had contracted a severe case of rust of the skeleton, which in turn had produced a very unsightly eruption affecting most particularly the supporting angels. The whole thing (being mostly made of lead) had to be removed as a potential danger to the public, but it has now been reborn in fibreglass which we are confidently assured is immune to similar outbreaks.

Max Rendall
Clinical Superintendent

Dental Notes

The Liberty Bowl

Many of those who were present on 5th March at 'Clinical Day' will have seen the silver bowl, made by Professor Declan Anderson, which was raffled in aid of the Guy's Dental Centenary Fund. This bowl is a copied smaller edition of the famous Liberty Bowl, the original of which is in the Museum of Fine Arts, Boston, Massachusetts. It was made in the seventeenth century by Paul Revere whose occupations are described as 'dentist, silversmith and revolutionary'!

Such was the interest in the bowl that Professor Anderson together with his colleague Dr Mark Hecter has agreed to make a limited edition of ten similar bowls, all duly engraved with the Guy's Coat of Arms and a centenary inscription. These bowls can be ordered for delivery at the time of the centenary celebrations in May of next year, all profits being given to the Centenary fund.

For further details contact Professor M. N. Naylor, Floor 21, Guy's Tower.

Physiotherapy

An article in a Sunday quality newspaper – "quantity" might be a more appropriate description of its multiple sections, inserts, do-it-yourself travel maps *et al.* – extolls the benefits of massage in release of tension, liberation from the shackles of no-touch conventions and general human contact. You could read all about it by buying some lady's doubtless excellent books, or you could learn how to do it by enrolling on her doubtless excellent courses. They must be good, because they cost a lot of money and she sports a suitably hyphenated surname. Right, lots of people get lots of relief from rubbings of one sort or the other, and it is certainly not my purpose to decry any of the benefits listed above.

Not long ago, a mature female student at the end of her first year of physiotherapy training expressed amazement that she could now, without inhibition or other psychophysical restriction, handle a fellow-student's body as she massaged, manipulated and palpated anatomical structures – unthinkable twelve months before, as she perceptively remarked.

In that first year, we place great emphasis on the development of sensitivity of touch, on the ability to visualise hidden muscles, tendons, ligaments, vessels and nerves and where possible palpate and identify them, and on the assessment of the extent and limitation of joint movement and the "end-feel" of normal and abnormal ranges. To be able to move a joint through its variety of accessory movements is the foundation of mobilising/manipulative techniques, and this, too, forms a major component of our practical anatomical studies. We expect a knowledge of a theoretical nature as well, but practical knowledge is what we really care about, skill in handling soft tissues and joints.

So, in massage classes, mobilisation techniques classes and in practical anatomy classes, we aim to build up skills which will be added to and refined in the second and third years of the course. We should finish up, then, with physiotherapists who, on qualification, have it, literally, at their finger-tips.

How is it, then, that this newspaper article describes as if it were unique, the contribution made by Miss Thingummy-Whatsit and her disciples in two well-known teaching hospitals in London? One must conclude either that the staff physiotherapists have things to do which they consider a better use of their time and resources, or that the medical staff are not aware that physiotherapists are trained in massage techniques.

It is wryly amusing that this reflects the pains we have taken to demonstrate over these past few decades that we are more than just masseurs and masseuses, and that we have left the field open for others to soothe, stroke and knead tense stiff and aching bodies. On the other hand, the thirty to sixty minutes said to be spent on relieving one patient's problems is perhaps not acceptable in the cost-effective environment in which we live today, and perhaps we will have to accept that just as Denis Cobell sees future nurses becoming administrators while aides actually care for the patients, so we will need to leave the undoubted benefits of massage-therapy to be derived from other hands than our own.

Ronald Cooper

Nursing

From the manner in which non-nursing colleagues who work alongside us responded to the media announcement of our most recent payrise, it could have been thought that we had won the pools! They spared no effort in congratulating us for gaining what, according to some newspapers may mean "a 60% increase in pay for some specialist nurses working in London". I have searched the scales, and have not found an increase of that enormity available to any nurse. Indeed, some grades outside London can only expect a 4.2% rise.

The *estimated* recommendation by the review Body will add 15.3% to the pay bill, which the Government has agreed to find. This increase will remain an estimate until the new gradings for the DHSS pay scales have been introduced later this year. That this grading is complicated has been recognised by our Chief Nursing Officer and Personnel Department who have recently sent out to all nurses in the district a joint "Bulletin No. 1". How many Bulletins will be circulated before it becomes clear what criteria will be employed to grade each individual nurse is, as yet, not clear. I must admit to a sneak preview of the DHSS re-graded scales: my immediate reaction, owing to the apparently diverse interpretations available for most grades, was that it could be a source of contention. At first sight, it looks as though many nurses may not agree with their grading; meanwhile, on the optimistic side, this Bulletin stated that when more information is made available they wish to ensure that the re-grading "exercise is based on clear, consistent and fair principles". We await Bulletin No. 2 with interest.

On a more general note, since the exact amount of these rises is unknown, the question of funding has been raised. If, as could happen, the total amount of re-graded pay for nurses exceeds the Governments's expectations – who foots the bill? We could, once again, find ourselves in the position where Health Authorities may have to cut other services to pay its nurses, if the Government sticks rigidly to the amount it has allocated to pay for this salary increase for nurses.

Mrs Thatcher, other members of her Government, and the R.C.N. have stated that strikes and protests about pay, by nurses, earlier this year, played no part in the decision to accept the Review Body's report. But, in the words of one close to

Government members in 1963, Mandy Rice Davies – famed for nursing ambitions within a profession older than our own – "they would, wouldn't they?". I am inclined to concur with this diagnosis: the Government has shown it is not immune to orchestrated protests about other issues recently.

So much for the present, what about the future? We have seen occasions in the past when nurses have received a large pay rise in one year, only to find this dragging behind expectations and inflation in subsequent years. The re-grading of pay scales does not overcome this problem, and it will depend on the nursing organisations to be vigilant when the current round of sympathy has expired. Other professions have seen this happen, nursing will not be an exception.

Denis Cobell

Correspondence

Braxton Hicks Fund

Dear Sir,

I am writing to thank everyone concerned with Guy's Hospital Charities Week for their sterling efforts on behalf of the Braxton Hicks Fund. The total amount raised by this event, at the time of going to press, is over £30,000 – by far the greatest sum ever achieved by Charities Week. Our fund has therefore benefited by £15,000 thanks to all your hard work.

Charities Week was outstandingly successful in terms of raising money and providing entertainment. In particular I would like to thank Emma Ross, Samantha Fielding and Ron Simon for co-ordinating all the activities and encouraging so many students to participate. I was also very impressed with the team who produced the highly polished and professional 'Scanner' magazine, proving that it is not necessary to offend in order to amuse. Many thanks also go to the street collectors who braved irate commuters and the London Bridge draughts in the early hours in order to rattle their cans thereby raising money and the consciousness of our hospital's needs and last but not least who could forget the Gnomes!!

I would just like to add a purely selfish note, if Charities Week has encouraged a 'Fund Raising Fever', amongst students, I am always seeking volunteers to, for instance, cycle to Brighton, bed race to Battersea Park, or even sit in a bath of cold custard for 27 hours!

Once again thank you for all your efforts.

Yours faithfully,
ANNIE BOWER
The Braxton Hicks
Fund Co-ordinator,
Dept of Obstetrics & Gynaecology,
Guy's Hospital,
London SE1 9RT

Tower Foyer Refurbishment

Dear Sir,

Many of your readers will have noticed the complete refurbishment of the Tower Foyer, including the installation of new automatic doors. A very substantial contribution to the cost of this work was made by the 'Friends of Guy's' to whom we are most grateful. Patients are most appreciative of the bright and cheerful area well supplied with comfortable seating.

We should also congratulate the Unit Management Board on redecorating the underground passages which were in such a shabby state. In these days of declining resources it is good for morale to see the care being taken of the hospital fabric.

Yours faithfully,

Professor A. H. R. ROWE
Dean of Dental Studies,
U.M.D.S.
London Bridge,
SE1 9RT

Sport

RUGBY CLUB

16th Annual Reunion Weekend

Guy's Present v Guy's Past 1st XV

Past 25 Present 20

The reunion weekend took off to a fine start on Saturday 26 March with the now traditional supper/dance. This was again well attended and very jolly. Any ex-players who do not make this a regular event would do well to put next year's date in their diary. They would be most welcome and if they bring their boots . . . who knows?

The reunion weekend seems always to coincide with the clocks going forward. So it's fairly predictble that when everybody meets again on Sunday at Honor Oak Park there will be one player missing. Nobody can ever predict who or venture a reason why an intelligent and otherwise organised member of the medical community should forget to put his alarm clock forward, but there is always one.

The game eventually kicked off at about 3 pm with, I believe, 15 people on each side. It started off at a frantic pace with the past XV showing a speed and dedication belying their years. The Past forwards had the better of lineouts and gave their half backs clear ball from the scrummage.

The first try came when Bundy at fly-half kicked ahead. The Present wing appeared to take the ball but slipped and the ball popped up into Reece's hands, who sped in from 20 yards unopposed. He is obviously keeping fit and lucky. Bundy converted and a few moments later scored a try himself for further Past pressure at ruck and maul leading to good possession 30 yards out from the Present's line. He again converted the try. These kicks added to an early 3 points from a penalty for a lineout infringement.

A 15 point margin looked healthy, but the Present worked their way back into the game as Docker made the best of scant possession both sides of half-time, putting fly-half Steve Lewis in position to set up his three-quarters. Lewis himself scored a

Docker, ball in hand, escapes one tackle only to be confronted by the big Keevil

Hogan tackles Poole who manages a pass to Dixon penalty before putting Beardmore in for a try under the post which Lewis converted. Scanlan playing out of position on the wing also ran in for a fine try before half-time.

After the interval Ryan, the Past's flanker who had a fine game, scored a try showing great determination at a maul and Reece scampered down the wing to touch down in the corner. The Present could only manage a consolation try from Docker and a further penalty from Lewis.

It was a very cleanly-fought game and a most enjoyable one in which to play. Both sides seemed determined to play expansive rugby and there was definitely a different atmosphere before, during and after the game than on an ordinary Saturday. I hope next year that more ex-Guy's rugby players will attend the weekend.

K.Conchie

Present: M. Seare, E. Cheah, M. Morgan, K. Conchie, G. Thomason, W. Hogan, G. Meharg, R. Boskill, R. Docker, S. Lewis, P. Scanlon, T. Wilson, C. Beardmore (capt), M. Winger, B. Schaeffer.

Past: M. Popplewell, R. Dickson, G. Parry, N. Keevil, M. O'Connell, P. Chew, L. Denmark, G. Ryan, N. Poole (capt), M. Bundy, Matt Hackett, Mike Hackett, M. Reece, M. Coleman, P. Haley.

Guy's Present v Guy's Past 2nd XV
Past 6 Present 7

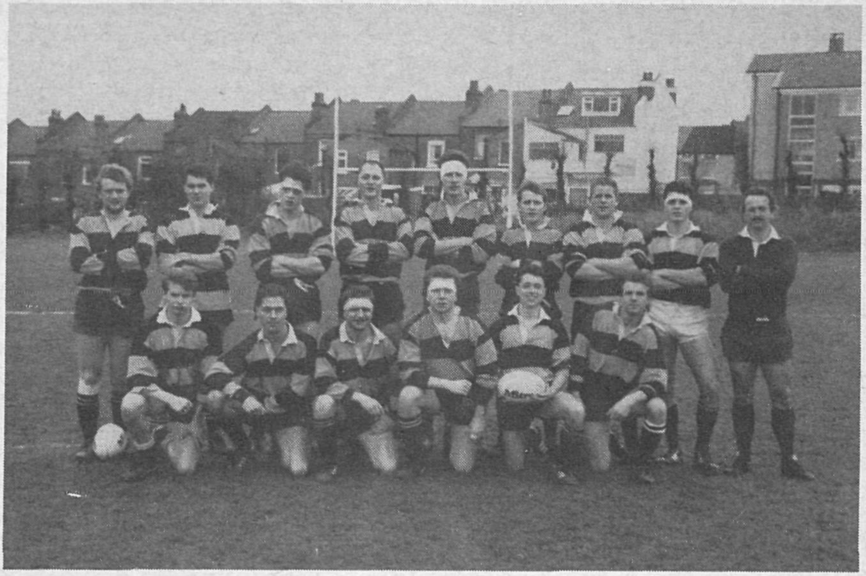
The junior game was contested with the usual spirit of rivalry. Several of the Past side had played in the inaugural reunion match 16 years earlier and it showed. There was much pausing to tie up loose boot laces. The inclusion of some present players in the old men's side more than compensated for the deficiencies of pace.

The referee was exceptionally generous in his interpretation of the laws so stoppages were relatively infrequent. The old warriors who sought refuge in the scrums were frustrated, and even their guile could not overcome youthful energy and stamina. The Present began with purpose and it was not long before the Past players were desperately defending.

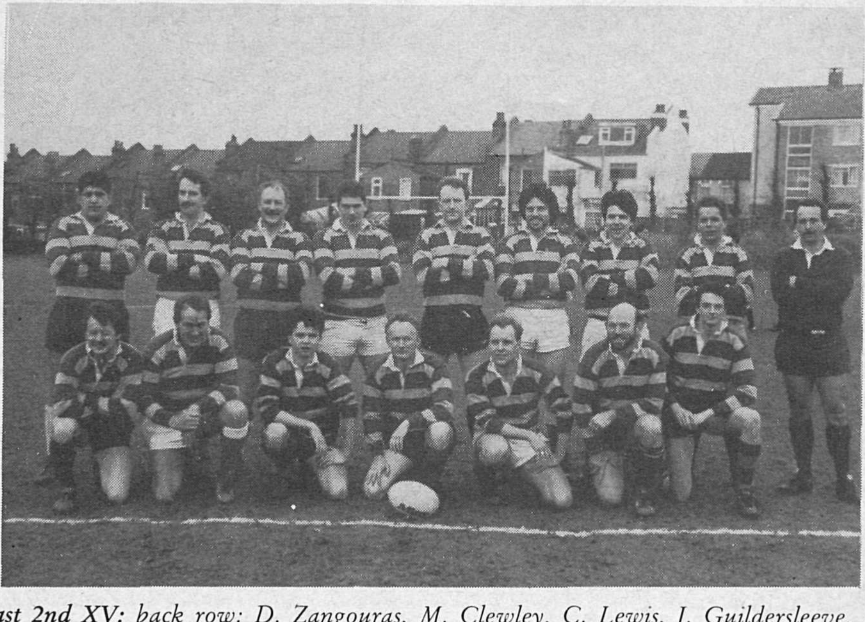
Time and again, tackles by Underwood and Twomey staved off tries by the enterprising Conchie, Thomas, Campbell and Koffman junior. The rucking skills of the Past forwards especially in defence, frequently allowed Koffman senior to kick the ball safely out of play. After a period of sustained pressure, Conchie hurled himself over for a try. The Past side appeared to be in trouble.

As the game progressed and the Present players lost momentum, the Past began to apply their residual skills. There was some excellent attacking running from Guppy, Porter, Fewings and Koffman senior. Zangouras and Howell, always economic with their energy, seemed to run at the right moment knocking down the opposition or taking the ball on a few metres. Sawyer and Want tackled and obstructed. Davis and Lewis scrummaged and breathed heavily.

The second half was played with equal vigour. A penalty kick by Koffman the younger put the Present side further ahead. There followed a revival by the Past side with some stunning running and passing by the backs. A kick ahead was caught just short of the line and Howell, pushing the opposing full back over was able to drop on the released ball. The elder Koffman converted from some ridiculous angle, and much to everyone's surprise the oldies were back in the game.



***Present 2nd XV:** back row: C. White, N. Prater, P. Davis, C. Welsby, A. Rose, M. Cameron, B. Stanhope, J. Lewis; front row: C. Koffman, P. Price, M. Martin, C. Pugh, P. Thomas (capt), R. Conchie.*



***Past 2nd XV:** back row: D. Zangouras, M. Clewley, C. Lewis, J. Guildersleeve, A. Sawyer, T. Want, P. Twomey, K. Underwood; front row; G. Koffman, J. Davies, A. Porter, T. Gibson (capt), D. Guppy, C. Howell, P. Fewings.*

The encounter continued with occasional glimpses of skill. Neither side could achieve outright superiority although the Present players obtained more than parity in the line outs where Davis, Welsby and Rose stared down on their opposition. There were no further scores and the result reflected the pattern of play.

It was an enormously enjoyable game played with no scowls and with some wit. The evening was concluded in a similar fashion.

BOAT CLUB REPORT

I have easy access to an old Guy's buffer who tells me that he is not impressed with recent Guy's sports reporters. "In my day sport was taken seriously, sports reports should reflect this as well as the fun and friendship." Many others also complain that too few play sport and those that do spend more time drinking than competing.

My reply to the first accusations are that Guy's Boat Club now has more crews on the water than ever before and are more successful than for over a decade.

The Heads on the home stretch of water witnessed six crews at the U.H., four at the U.L. and two each for the Men's and Ladies' Tideway Heads. Three crews went to Reading and four to Kingston. Transport of the boats can be a problem but the Tideway Scullers are kindly lending us a boat trailer and towing cars are sought throughout the countryside. For Kingston a camper van was requisitioned for one eight, balanced precariously on the roof. The roads were cleared by an enterprising crew member who discovered a siren attachment on the megaphone. Drivers with guilty consciences pulled over, only to be passed by a procession of cars and boats.

Every Head had at least one crew excelling themselves. At Kingston, the 1st VIII were only 5 seconds behind the London, the best hospital crew. The Ladies' 1st VIII deservedly won their class at Reading. The Men's 2nd VIII rowed an excellent race at the Tideway, being only 30 seconds behind the 1st VIII and the Ladies' 2nd VIII did especially well at Kingston.

The United Hospitals events are another area in which Guy's can be proud. Having won the U.H. Sprint Regatta in the winter term and then organising the first U.H. Head in February, we have gained a reputation for our organisation and many participants said they looked forward to a repeat at the Bumps. This is not only due to the great support that the Boat Club has especially from its members and relatives but also from those that line the towpath or bridges during the races.

I was reminded the other day of the saying of a dedicated rugby player who described rowers as masochists sitting on one piece of wood, facing backwards, pulling on another. Our rugby club at Guy's are more discerning. They are about to adopt their masochism in the bumps on 11th to 13th May, this time in a difficult sport, along with the football and the infamous hockey 'bladerunners'.

S.J.H.

Ladies' Boat Club Report

After an eventful journey we negotiated the final roundabout twice to arrive at Peterborough for the beginning of the Head season. We nearly shot the rapids at the start and then rowed a race that is best forgotten.

Two weeks later saw us at the U.H. Head and three crews entered. After being rammed by the 2nd VIII, thank you Sal! we rowed one of the best races of the season, storming past Bart's, to win the open. Also victorious were the 2nd VIII who won the novice division. The 3rd VIII claimed to enjoy their race after pressganging our sole supporter to make up their crew. At prizegiving scarves were presented to all, tankards to the respective winning crews and a silver cup to the open winner. Our cup, needless to say, was soon full of champagne.

Our new carbon fibre Janusek racing boat, "The Orchard Lisle" arrived the following week and on our first outing we found that Ali preferred 11½ inches to 11!

Our first race in the new boat was at Reading. Having been hypothermic there last year, we resembled Arctic explorers as we set off. During the race, bow's blade was smashed in an unfortunate collision with King's College. Our frustration was expressed by Cathy, and we rowed angrily to the finish. When results were announced we were amazed that we had won our class with a time of 16.44 minutes. The 2nd VIII finished with a time of 19.40 minutes. This was the first time a Guy's crew had won an A.R.A. event for several years and the day ended in true Boat Club style with celebrations in the bar.

On 12th March we joined 120 other crews to race from Mortlake to Putney in the Ladies' Head of the River Race. We came 3rd in our class with a time of 23.04 minutes, top of all the other London Hospitals. The 2nd VIII, improving their times at each Head, finished with a time of 25.23 minutes.

The next day we had to race the same course for the U.L. Head. Our opposition failed to turn up, claiming to be exhausted from the previous day's efforts. Results at the end of the day left us as open winners with a time of 22.38 minutes. We had beaten three men's crews including our Men's 2nd VIII! The Ladies' 2nd VIII finished with a time of 25.55 minutes.

The last race of the season was at Kingston. We had a good row but the Men's 2nd VIII got their revenge! Thank you to Mr and Mrs Gleeson and our other supporters for keeping us going. The 2nd VIII finished with their best row of the season.

Well done to all who rowed and coxed last term. The arrival of our new boat and the numerous victories have made it the most successful season that Guy's Ladies have ever had.

J.M.

Crews

1st VIII: S. Cockayne (bow) K. Godber, S. Robinson, C. Barnwell, H. Gaylard, G. Skailes, S. Griffin, J. McCurrich, A. Renshaw (cox).

2nd VIII: C. Burt (bow), S. Moss, C. Beecroft, C. Bates, R. Beck. D. Bessey, L. Gibson, D. Smith. Coxes: C. Peebles, S. Khakoo.

HOCKEY

Witney Blankers thrashed by 71st Lancets

A dozen former Spirochaetes, and now Lancets for 12 years, made their annual pilgrimage to the hockey pastures of Paignton at Easter this year to try again to stem the onslaught of goals that has haunted the soul of Thomas Guy since Autumn '71.

Your readers will have suspected a saga of defeat upon defeat from the lack of headline news over what is now almost a generation. Precise records have become obscured by the mists of time, but in nearly 120 games we can count our victories on the fingers of one hand. The reasons for our dismal record are manifold. Most of our players did not achieve promotion from the 3rd XI at Guy's. We have a great shortage of individual skill, a lack of motivation to do the necessary training in the weeks before the Tour and, at times, insufficient determination to strive for the excellence that brings victory. The bubbling excitement that is so typical of old Guy's men when they meet tends to overflow and this too has its effect on our performances on the field.

At lunchtime on Easter Monday the players reflected on another string of six consecutive defeats and pondered the task of playing the final game against a side that was unbeaten until that morning. The President had made an impassioned plea for greater effort and commitment at the Annual General Meeting during his Address two days earlier. Each player, bar the Captain, had been individually castigated in public in an unprecedented display of anger and disappointment.

We made our way to Brixham that afternoon mindful that we were walking with destiny. I had mooted the possibility of victory for the Lancets with the Witney captain at the civic reception earlier in the weekend and had been met with derision. I was informed that the Witney Blankers were a successful London league side and contained county players; the result was therefore not in question. The boys took the field with clarity of view about their duty that I have rarely sensed.

The game opened with Witney dominating possession attacking down the right like a Panzer Division. A little inside knowledge led to the deployment of three left halves and two left backs in the Lancets' defence. One blow after another was deflected away by Chris McKensie, Dave Humphries and the Captain. Our forward brigade was rather thinly distributed up field, such that the Blankers barely considered the possibility of counter attack. Philosophies change, but the Lancets have never abandoned the 'long ball' and consider that it remains a vital weapon in an era of square passing and tediously slow build-up. Many times do you hear the cry 'Speed the game up', from the Lancets' Captain. Tim Baylis gathered a powerful flick from the centre back and was suddenly smashing through the Witney defence and skilfully turned the ball past the keeper to give the Hospital the lead. A short time later, an ugly display in the Witney 'D', which has regrettably become a regular feature of the modern game, was rightly penalised with a penalty. The Captain drove the ball low into the left hand corner of the net. 2–0.

At half-time the Lancets recovered some puff and contemplated the second half. Victory was still a long way off. We had been ahead at half time on the previous Easter Monday against the unbeaten 'Despots' and were finally consumed by a hail of fire not witnessed since the Alamo.

The Witney Blankers entered the second half with much vigour. Courageously, we held the line until Witney managed to score from a short corner. This was followed by an individual display of class by Tony Silman, the Witney left winger, who beat several defenders to dribble into the 'D' and unleash a mighty shot to equalise. Were we about to relive the nightmares of former years or could we salvage the situation? Witney flicked the ball from close range mercifully over the bar and their centre forward Richard Young had a goal disallowed by his own Umpire.

In the final quarter, Christ McKensie took possession deep in his own half and with deceptive skill and strong support from Tim Baylis forged up-field to score the winning goal. The spirit of the Blankers had been broken, so much so that they conceded another penalty for an outrageous physical assault on our hero McKensie. The Captain came up to take the stroke and arrogantly placed the ball in exactly the same corner of the goal as before. A brilliant double bluff.

When the final whistle was blown, we left the field silently and deeply moved. Alistair Scott Smith was weeping. In 17 years of touring Paignton, we have never won by two clear goals and we have never scored a total of four goals in one game.

Team: Bill Crozier, Richard Steel, John Fewster, Alistair Scott Smith, A. Ringer, Dave Humphries, Chris McKensie, A. Lister, David Cole (captain), Timothy Baylis and Steve Blowers.

D. J. Cole

SKI CLUB

Serre Chevalier – Easter '88

Sun, snow, sex and skiing. Yes, it's a Guy's ski trip. That's where it all happens, and if you're particularly flash it all happens at once. This was my first skiing trip with Guy's. I wondered if we would even get across the Channel as someone with a sense of humour had laid on a ferry strike for our April fool's day departure. Things weren't looking up with even the seagulls making a token gesture of support for the strike by crapping on Tony. We eventually fooled the seagulls by boarding the ferry as foot passengers, picking up another coach at Calais. So, 24hrs after leaving Guy's we arrived at Serre Chevalier.

The skiing ability and experience of those on the trip varied greatly, but snow conditions were excellent and suited everyone. Probably the best way to improve at skiing is to ski in a group of people who are better than yourself and willing to help. With a large party such as a Guy's trip there are many such opportunities.

The food provided by the chalet girls was superb – a pity we couldn't smuggle one back to the Spit.

During the week there was an ice skating trip, a fondue, and a sauna and jacuzzi evening. The race day and picnic on the slopes was a great success with skiers of all standards taking part. Did anyone tell Ben that he was supposed to go *around* the poles?

After a hard day's skiing the disco in the hotel opposite our chalet was the place to be. Some people did indulge in a peculiar activity, rarely seen on skiing holidays and known as 'sleeping'. However, they could, when handled firmly, be dragged out of bed and 'persuaded' that the disco was a much better idea.

Earl was spotted one night staggering around wearing women's underwear. When questioned about this he claimed that he wore women's underwear to get psyched up for skiing. According to reliable sources he's been trying to get psyched up for skiing for the past 11 years.

The real fancy dress night at the end of the week had a good turn out and, so I was told, gave a whole new meaning to the phrase 'having a shower'.

Within hours of being back in Britain I found myself staring at a hideous green wall at Elephant and Castle and wishing I'd been left dangling happily off a cliff.

And so, after my first Guy's trip my advice to anyone is: If you ski – ski with Guy's. If you don't ski – start skiing with Guy's.

S.J.T.

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BIRTHS

GREENAWAY. To David (Guy's 1976–1981) and Alex, a daughter, Hannah Megan, on 14th April 1988.

JONES. To David and Janty (née Morison), a son, Harry Edward, on 8th November 1987. A brother to Beth and Jack.

DEATHS

CALDER, David Melville, L.D.S., R.C.S. (Eng.) (Graduated Guy's 1926). Died on 26 March 1988 aged 84 years. He leaves a wife, Marjorie, and a son.

HEAP, Sarah Elizabeth Hannah née Griffith, S.R.N., S.C.M. (Guy's 1928–1944). Died suddenly at home on 30th March 1988 aged 81 years. Beloved wife of the late Ben Heap (Guy's 1936–1942) and dear mother of Sue.

CHANGE OF ADDRESS

GREENAWAY, David (Guy's 1976–1981) and Alex, 35 Wardale Close, Horndean, Hants PO8 0DU.

JONES, David and Janty (née Morison), High Barton, 83 Cambridge Road, Ely, Cambs CB7 4HX. Tel.: 0353 666109.

LONGTON, Mr and Mrs H., 20 Summerdown Road, Eastbourne, East Sussex BN20 8DT. Tel.: Eastbourne 640570.

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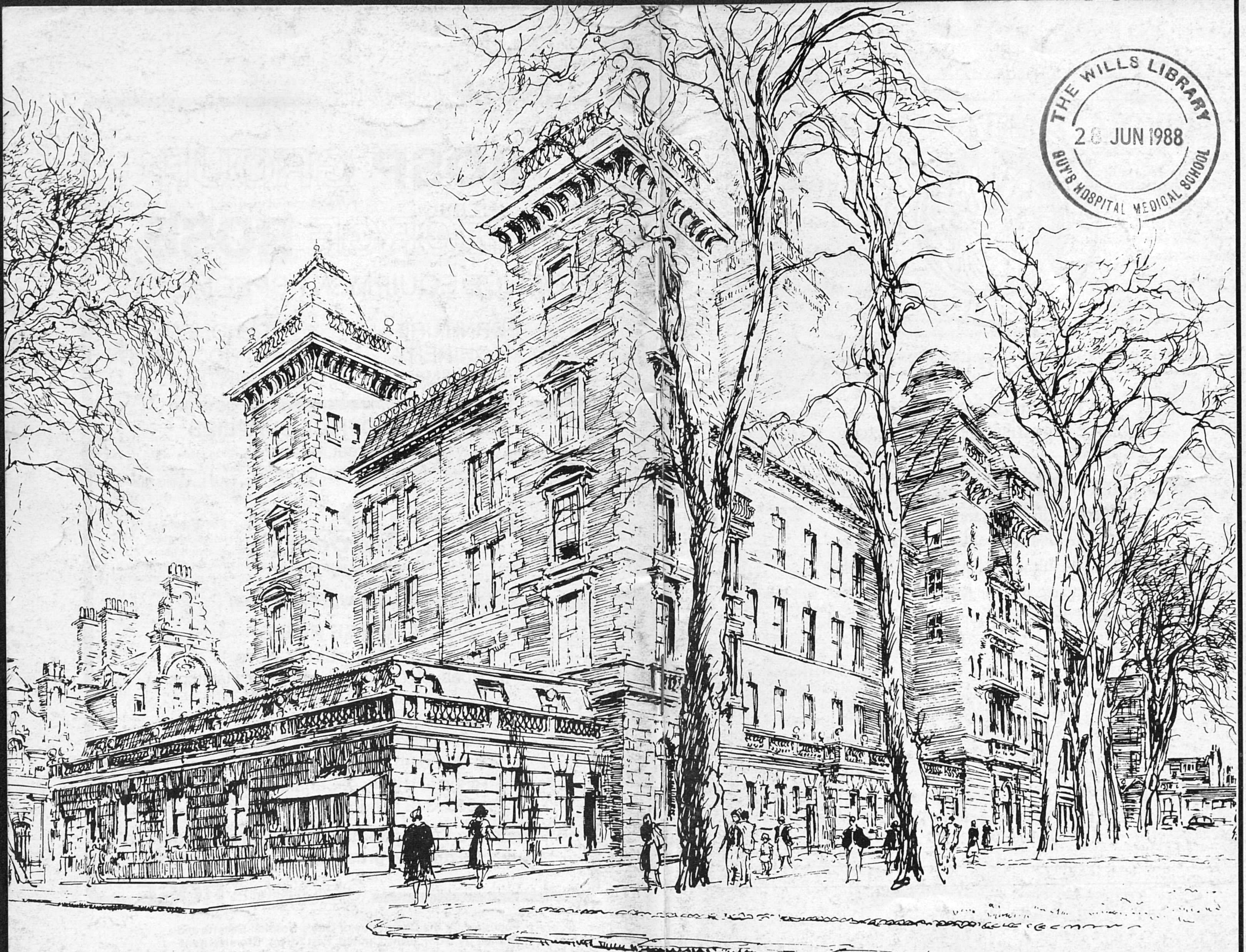

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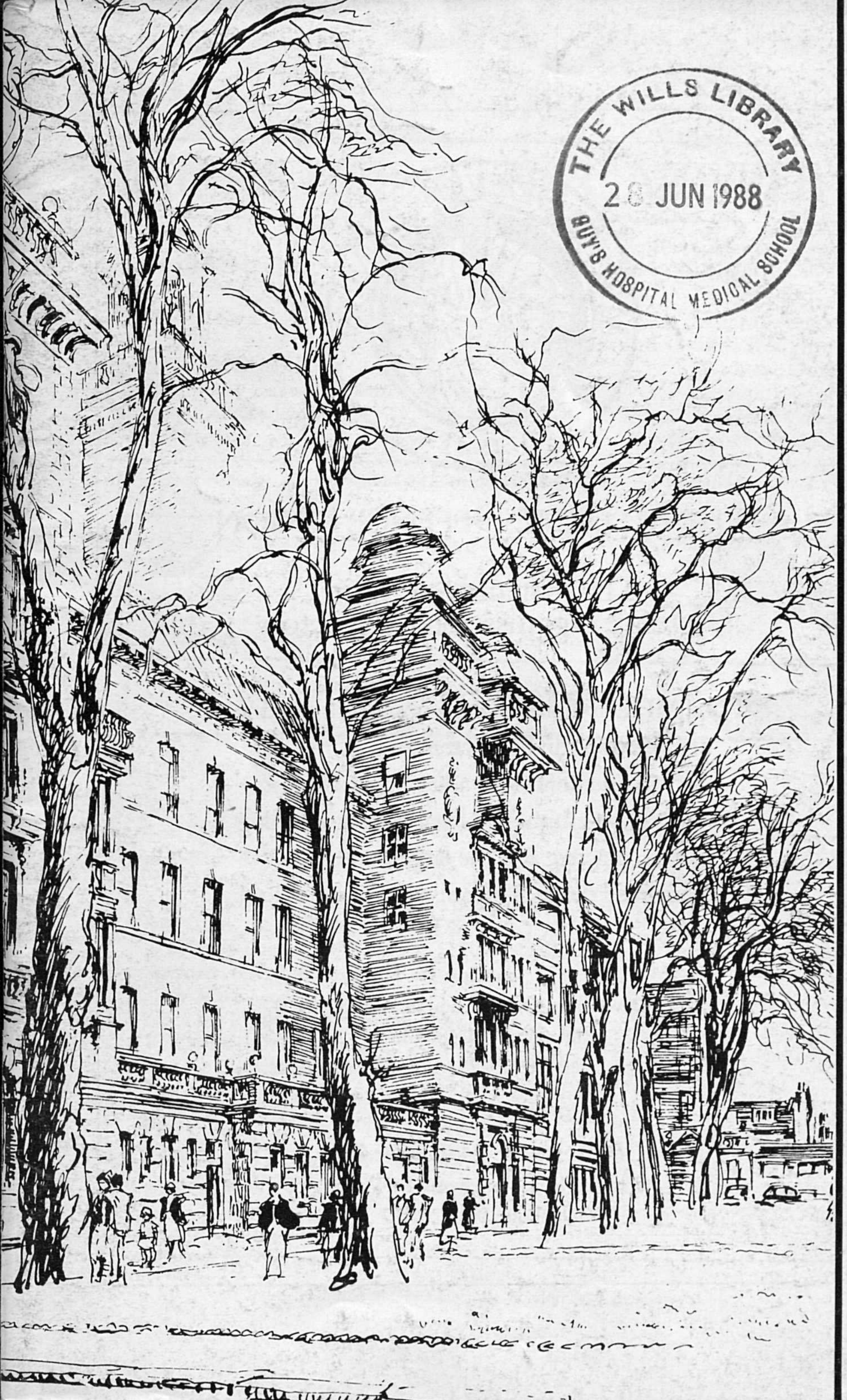

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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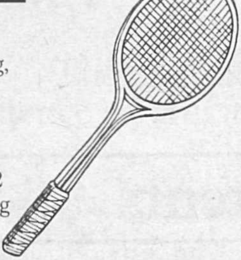
TRY OUR SHORT ORAL TEST

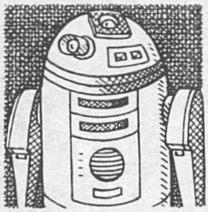
1 What has a really comfortable grip?

☐ (a) The Boston Strangler
☐ (b) The Sensodyne Search 4
☐ (c) A toothless bulldog.



2 What has a long, slim neck?

☐ (a) The Sensodyne Search 4
☐ (b) A bottle of 1982 Yugoslav Riesling
☐ (c) A cygnet.



3 What has a compact head with rounded corners?

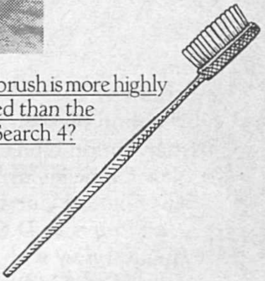
☐ (a) A primary school
☐ (b) Just about everybody
☐ (c) The Sensodyne Search 4.

4 What has a dense brushing surface?

☐ (a) The Sensodyne Search 4
☐ (b) A dry ski slope
☐ (c) A road-sweeper with an IQ of 72.

5 What's head and shoulders above the rest?

☐ (a) The Hunchback of Notre Dame
☐ (b) A giraffe
☐ (c) The Sensodyne Search 4.



6 What toothbrush is more highly recommended than the Sensodyne Search 4?

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☐ (b) Zero
☐ (c) Zilch.

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Passim

When I sat down to write this, my first, *Passim,* I realised that I didn't have the first idea what passim meant. Since I have recently been published in this journal campaigning for a reduction in the amount of Latin mumbo-jumbo used in medicine, I thought it would be hypocritical of me not to change the title to 'Editorial'. Then I blew the dust of a fifty-year-old copy of the *Gazette* in our office and saw that this column has been called *Passim* for at least that long (and probably much longer), so that to change its name now might have been a good way for a new Editor to fill his letters page, but would also have been tantamount to an act of vandalism.

My *Concise Oxford Dictionary* tells me that passim means '(Of allusions, phrases, etc.) in many places, here and there throughout'. Here, then, is my here-and-there-throughout column for June 1988.

I should begin by paying tribute to my predecessors, Neville Purssell and Martin Stefan, who have retired from eighteen months at the helm of the *Gazette.* During their editorship they have successfully steered the journal through a complete re-designing, and have managed to keep it a consistently good read as well. I am only now beginning to appreciate the amount of hard work and commitment this has taken, and I hope readers will join me in wishing then well in their retirement – that is to say, their finals.

In last month's *Passim,* the Editors commented on the pervasiveness of something called Guy's Apathy, a phenomenon which I hadn't previously encountered. It was rather worrying to read about it just when I was thinking of trying to recruit new volunteers to man the *Gazette.* I was encouraged, however, when I realized that the May issue contained no fewer than four main articles, each recording a different student achievement at Guy's. And I have found, so far, that there is a reasonably large pool of people who are prepared to volunteer for all sorts of projects here, as long as their interest is aroused.

As far as the *Gazette* is concerned, many of our student readers may not appreciate that the journal is entirely produced by students, although its readership includes both current and past members of the hospital in a wide range of different occupations. So if you are a student at Guy's – and particularly if you study nursing, physiotherapy or dentistry – and have any interest in becoming involved with the *Gazette* please do get in touch via our pigeon-hole in Boland House, or ring extension 2023. I am particularly keen to expand our range of correspondents in view of the range of our readership: it is virtually impossible for a small team representing only one of the medical disciplines to keep abreast of developments in all of them.

Similarly, I should like to encourage our subscribers to write to the *Gazette* whenever they feel that they have a point to raise. This month we publish only one letter, from Mr E D Y Grasby of Kent. As a reader of the *Gazette* of sixty years' standing, his views are greatly valued – especially as they are strongly critical. It is really only by receiving letters from subscribers that the Editor can keep in touch with the opinions of those people on whom the existence of the *Gazette* depends. I regret that in recent weeks, two moves of office and the breakdown of our computer have meant we have been handicapped in our attempts to respond quickly to correspondence received, but please do not let this deter you from writing. Perhaps one of our subscribers would like to contribute a regular column giving a view of medical life different from that at Guy's – say from a rural area of the UK or from overseas?

I think the main message of this *Passim* is that the *Gazette* can only publish what it receives. It would be very easy for its contents to reflect the views and interests of a small group of the Editor's friends, which would be a great shame given the breadth of its readership. The best way of preventing that from happening is for those of our readers who feel that a particular aspect of Guy's life is not being adequately covered in our pages to write in and tell us about it. And there are plenty of jobs for reporters on the *Gazette*: no previous experience necessary!

News in Brief

Gazette latest

The demolition of our old office in St Thomas's Street is now complete. We are continuing to work from a temporary office in the Residents' Mess in Boland House, awaiting a delayed move into a new office in the basement. This, and the breakdown of our computer, means that most of our records and equipment continue to live in plastic rent-a-crates, which has inevitably led to a deterioration in the standard of our service to subscribers, for which we would like to apologise. We hope to be able to answer your letters and enquiries much more quickly in the near future.

We should like to thank those subscribers who have updated their banker's orders to reflect the new subscription rates, which are £12 p.a. for full subscribers, and £6 for those who are retired. If all subscribers could undertake to do this it would considerably reduce the administrative burden on our hard-pressed office. Many thanks.

On a more optimistic note, there has been an encouraging reponse so far from people interested in taking part in the running of the *Gazette.* Many of our readers may not appreciate that although the *Gazette* is read by people of all ages and occupations within Guy's, and by a large number of ex-members who are our subscribers, it is produced entirely by students. At present we would particularly like to have more support from dental, nursing and physiotherapy students, so that these aspects of Guy's life might be better covered in the *Gazette.* If any of our readers is interested in learning more about the way the *Gazette* is run, and the possible job opportunities within it, please contact Mark Slade via the *Gazette* pigeon-hole in Boland House. The work-load is not arduous and there is even what is euphemistically called a 'modest honorarium' for our staff.

Saying of the Month

'During a lecture I have to try to keep at least one hand in my pocket, otherwise it all tends to get out of control.'
(John Weinman, Senior Lecturer in Psychology, to 2nd BMS students)

Breast Unit hits the headlines

Mr Ian Fentiman, Deputy Director of the Imperial Cancer Research Fund's Breast Cancer Unit at Guy's, has been in the news recently, condemning the inadequate clinical back-up provided by many private screening clinics. A number of national dailies followed up his letter to the *Lancet* of 7 May, in which he described the harrowing experiences of a 43-year-old mother of two, who had to wait four weeks after being told that an X-ray screen had revealed abnormalities in her breast, before she could see a surgeon to discuss the findings. In the event, she had a relatively harmless cyst, which was dealt with on the spot.

Mr Fentiman condemned the practice of many private clinics of being happy to provide – at a price – a technical service for identifying abnormal breast X-rays, but offering no clinical advice to those women enduring the resulting fear of having breast cancer.

As many of our readers may know, Guy's is a leading centre for the treatment of breast cancer. We hope to have an interview with Mr Fentiman about the work of the Breast Unit in a forthcoming issue.

Guy's first Riverside Ball success

Over 450 guests enjoyed the unique surroundings of the Hay's Galleria and the Horniman pub on June 4th for the first Guy's Riverside Ball.

Tempted initially by Khalua dispensed by waitresses on roller skates, the Ballgoers were then entertained at the champagne reception by stiltwalkers, clowns, jugglers and fire-eaters as well as a little rain. Seen dancing to the superb Ian Cameron Orchestra were various Guy's celebrities: Mr Coltart on one leg, Mr Ellis on two, Robin Russell (who won a prize), Jane Hann and 'Norm', and some who were plain legless. *(See opposite)*

The highlight of the evening was the Royal Artillery Marching Band displaying that they can play with more than just their guns. A number of our helpful students: Paul, Omar, Ron, Rowena, Richard, Emma, Jo and others might remember enough to tell those who did not attend what a fun time they missed.

The Guy's Ultrasound Scanner Appeal benefited from the event to the tune of over £8,000, in part thanks to the generosity of St Martins Property Group who presented a cheque for £4,750.

Tickets are now available for next year's Riverside Ball.

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

The Army offers medical students much more than just £6,354 a year.

If you are a student, male or female, at a British medical school, you could be eligible for a Cadetship with the Royal Army Medical Corps.

You'll need to have passed your second MB or equivalent. And you'll be required to attend an Army selection board.

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Then, it's six years in the Army, starting with the rank of Captain. By converting to a Regular Commission you can, or course, stay longer, until you're 60 if you wish.

As a doctor in the Army your practice will be much the same as a good civilian one: fully equipped and professionally staffed. You could be working in a group practice or on your own; though you'll be entirely responsible for your own patients, be they soldiers or their families, rather like a busy G.P.

But don't think that, because you're in the Army, your chances for study will be in any way limited.

While still in clinical training a number of selected cadets may, with the approval of their Dean, undertake elective attachments at Military Medical Units in Germany, Cyprus, Hong Kong, Nepal or USA.

And you'll have the same opportunities as in civilian life for your postgraduate training in General Practice, Community and Occupational Medicine or one of the Hospital Specialities.

But a doctor's life in the Army doesn't stop there. As an officer, you'll be able to take advantage of a wide range of sporting facilities.

You'll almost certainly travel abroad, and your social life will be busy too. Many of those you meet and work with will become lifelong friends.

Finally, should you decide to leave the Army on completion of your Short Service engagement we will give you a very useful tax-free gratuity.

How much depends on the length of your initial Cadetship and the amount spent by the Army on your medical training. Regular and Special Regular Commissions are pensionable.

For further details please contact Major General (Retd.) R. N. Evans CB FFARCS, Dept. 0786, Royal Army Medical College, Millbank, London SW1 4RJ. Tel: 01-970 4466, Ext 8120.

He'll send you our brochure, 'Doctor in the Army,' and arrange an interview.

Army Officer

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Clubs' Union News

At last I have returned from the rigours of Jersey life. After six weeks I decided that enough was enough and headed for home. I don't think that I was missed, at least not in my official capacity, because Dave Maudgil capably stood in for me during my absence. My thanks go to Dave for his help. Praise is also due to Emma Ross for clearing out the Union Office. In so doing she has removed my well-worn excuse that 'it's in the office somewhere'.

The Summer Festival was a resounding success, mainly thanks to the efforts of Kier Powell, who seemed to run the whole show admirably. As usual the rain appeared but this sorted out the men from the boys on the football pitch – needless to say Gautom and the Gonads struggled in the treacherous conditions. Thanks also to Eric and Joyce Dann for preparing the ground and keeping us refreshed throughout the day and night.

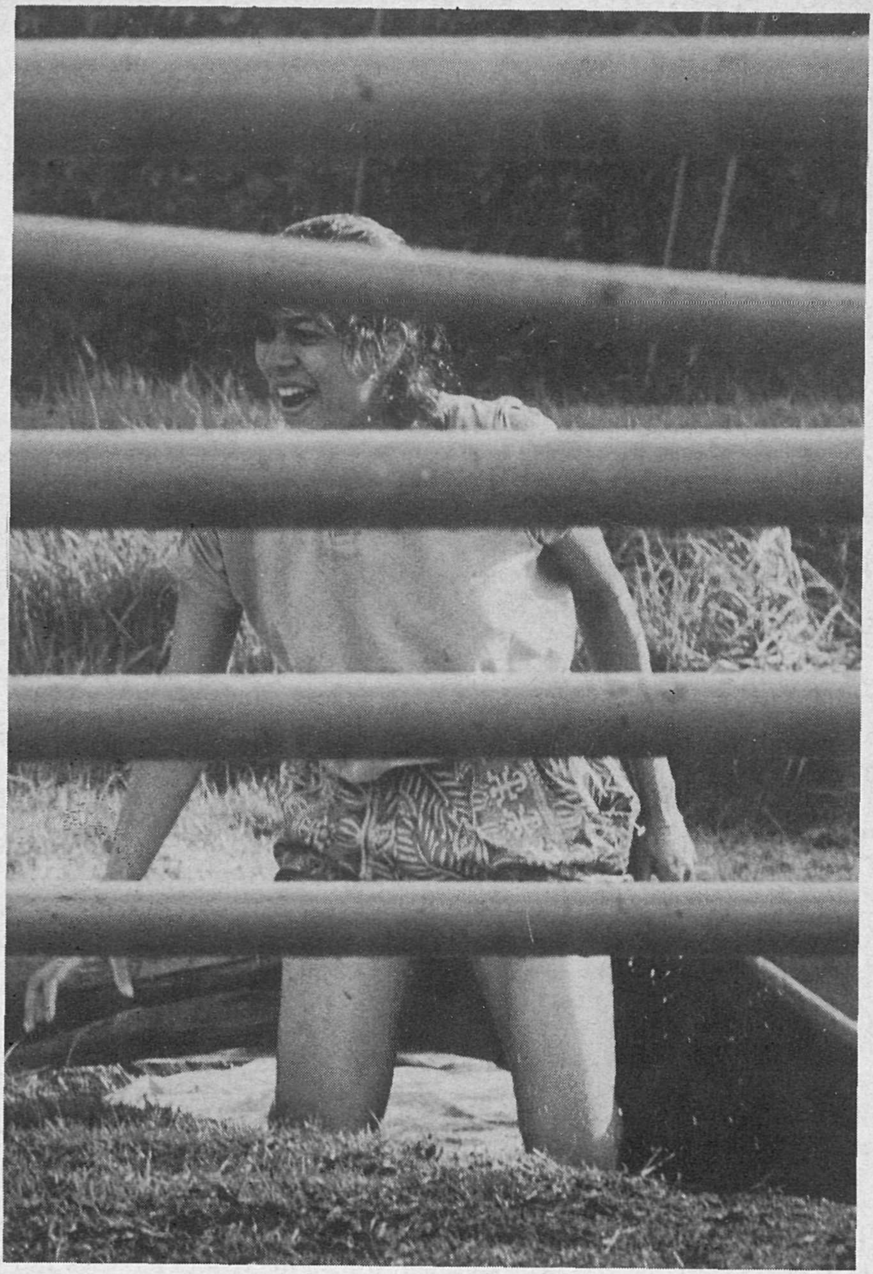
I have a copy of the new Combined Clubs Union Constitution which I will put to you at the EGM in the near future. Please keep your eyes on the noticeboard for the time and place. We need at least 100 students to form a quorum, so take half an hour from your studies when the time comes, and vote!

Stuart Millar

CHRISTIAN UNION
Out of the Woodwork

For those of you who didn't know, or who weren't sure; this article is to assure all that Guy's Hospital Christian Union is alive and well. We are now in our 141st year, having had a marvellous 140th birthday celebration last June.

In the autumn we looked at the Gospel according to John and held a houseparty at Ashburnham (Sussex) on Worship. Following that, we spent a term going back to basics, looking at various aspects of the CU and the Church. The term was rounded off with a houseparty at Otford Manor (Kent) on 'Joseph – A Man of Prayer'. Currently, we are gaining new insights from Hebrews and the programme for the whole of the summer period has been organized. The Fresher's event, autumn term and autumn houseparty are just around the corner.



Tough going at the Summer Festival obstacle course

Our membership is now around 50 – including both undergraduates and qualified staff. We have our main meeting on Tuesdays at 5.15pm in the Ballroom in Boland House, and a prayer meeting at 1pm on Fridays in the Chapel Crypt. If you'd like to find out more about christianity or the christian life at Guy's, come to one of our meetings or leave a note for us in our pigeon hole in Boland House – you'll be very welcome!

Karyn Shenton
Adrian Whyte
Martin Veysey
Alastair Nash

Christian Union Summer Programme 1988

July 5	'Salt and Light'
July 12	'Anger and Lust'
July 17	Barbeque – Meet at Boland House
July 26	'Love Your Enemies'
August 2	'True Religion'
August 9	Boating on the Serpentine – Meet at Boland House
August 16	'Anxiety'
August 23	'Judging Others'
August 30	Meal – Meet at Boland House
September 6	'Ask, Seek, Knock'
September 13	'A Firm Foundation'
September 20	Ten Pin Bowling – Meet at Boland House

All meetings: Tuesday 5.15pm, Boland House Ballroom

Note:
The *Gazette* would like to include a diary of all forthcoming events each month in future. Could the secretaries of all clubs and societies with events planned for the next few months please notify the dates to the Editor, via the *Gazette* pigeon-hole in Boland House.

The Clinical Curriculum at UMDS

by Professor D. C. Morrell

With the union of Guy's and St. Thomas's Hospital Medical Schools, the need for a common medical curriculum was recognized by the school and demanded by the University. To this end, Dr Brian Creamer, the then Dean, appointed a group of academics to prepare a strategy for medical education at UMDS into the nineties. The group was instructed to concern itself primarily with the clinical curriculum. It was an unusual group in that those appointed to it were selected, not because they represented special interests but because they were regarded in the school as people with special knowledge of medical education. Under the chairmanship of Dr Brendan Hicks, the group met as a formal committee on 18 occasions, held two full day workshops and appointed subgroups which met on 28 occasions, all over a period of two years. The group took evidence from all departments, all consultants involved in teaching and a sample of three cohorts of former students.

In the context of its original terms of reference, the group started planning with a blank sheet of paper and considered in detail a variety of radical reforms along the lines of the systems teaching and problem solving developed at McMaster in Canada, Newcastle in Australia and to a lesser extent, Southampton in the UK. Having sifted the evidence and taken advice from educationalists, they were not convinced that such a radical change had been shown to improve the quality of medical education. They were also conscious of the fact that such a change would impose unacceptable disruption and heavy expenditure on the school at a time of economic restraint.

As a result of the debate, the strategy group drew up a series of principles on the basis of which a new clinical curriculum would be developed. These may be summarized as follows:

1.1 *Integration.* Early education in the basic medical sciences should not be seen as separate from clinical teaching. Closer intellectual integration of basic medical sciences and clinical education should be achieved by more explicit definition of the content and objectives of courses agreed jointly by preclinical scientists and clinical teachers.

1.2 *Active learning.* Our traditional emphasis on active learning through participation in patient care should be retained and developed.

1.3 *Critical thinking and self-motivation of learning.* Although students are being prepared for a career which will demand of them constant reappraisal of their knowledge, skills and attitudes, we have often failed to inculcate a sufficiently critical approach to current 'knowledge' and a satisfying self-motivated attitude to learning. In addition to training students in the 'craft' of good medicine, we should also seek patterns of experience which encourage critical thinking and self-motivation of learning.

1.4 *Communication skills* should receive the considerable attention they justify, and explicit instruction and guided exploration be further developed in this area.

1.5 *Achieving a balance.* Students are being asked to accumulate an increasing body of knowledge, some of it transitory, and the curricula have been inappropriately congested. Despite this overteaching, whole cohorts of students receive deficient training in some important areas. Attempts should be made to define broad areas of general knowledge and exact skills which all students should acquire.

1.6 *Defining specialty targets.* With the specialties there could be negotiated some appropriate learning objectives for every undergraduate, recognizing that many aspects of the subject area might be seen as more appropriate objects for postgraduate or 'elective' study.

1.7 *Structuring the general firms.* The medical and surgical firms should be structured so as to provide for the educational needs of the students.

1.8 *Curriculum phases.* There is a need to relate the targets for knowledge and skills to the different stages of training. For example, an emphasis on the learning of basic clinical skills might characterize the junior firms. A major commitment to the community might come to characterize the middle year. A general clerkship or two in the last six months should include increased responsibility for clinical care.

1.9 *Learning in the community.* The resources for learning clinical medicine in the community which supplement the resources of the hospitals *and* encourage students to see their training and their future roles in the context of the community's needs, should be employed more fully and imaginatively.

1.10 *The place of the DGH.* The educational value of clinical experience in District General Hospitals is recognized, and there should be development of the flourishing links between the UMDS and hospitals in the region.

It is not possible in a short article to consider in detail each part of the new curriculum. Indeed this would not reflect the overall philosophy of the strategy group which was concerned more with integration in the curriculum than with sectional interests. The shape of the curriculum in terms of the allocation of time to different subjects will in fact create little change in medical education at UMDS unless there are changes in the methods of education employed. This article is therefore concerned more with education than with timetabling.

When the recommendations of the strategy group were accepted by the Academic Board, the group was replaced by an Education Committee with the immediate responsibility of implementing the new clinical curriculum. This committee has a number of concerns which were highlighted by the strategy group.

Reducing the overload of knowledge expected of students

Knowledge in medicine is increasing rapidly and each specialty expects students to acquire more particular knowledge. If this accumulation of knowledge is allowed to expand without control, it is likely to stifle education. The education committee is currently asking departments and teachers in specialty subjects to state their educational objectives and attempt to define the knowledge which they think is appropriate for a student to acquire at this stage in medical education, bearing in mind that many years of postgraduate training lie ahead. The response to this has been most encouraging. In September 1988, it is hoped that all students will be provided with a teaching manual which will define the knowledge and skills they would be expected to possess at graduation.

A clear statement of educational objectives has a number of other benefits. Assessment of students in the course has, in the past, been sometimes haphazard. It is clearly impossible to assess a student's progress unless the knowledge and skills he/she should have acquired at a particular stage in the course have been defined in advance. It is planned that in the future much more meaningful assessments will be possible through the course and that these will be formative assessments, i.e. assessment will be shared between teacher and student in order to help the student's development.

A clear statement of objectives also facilitates self-learning in students. If they know what they have to achieve at different stages in the curriculum, they can plan their work accordingly. Ward and out-patient teaching, which remain crucial to education at UMDS, are necessarily opportunistic. A student may see many patients suffering from one problem, but by chance may have seen no examples of another. A checklist of the experience the student is expected to have makes it possible for him or her to identify areas where further reading and practical experience are necessary.

Critical thinking

With the rapid development of knowledge and new skills and techniques in medical care, it is essential that medical education should teach students to evaluate new developments and to be able, when qualified, to identify those advances which are relevant to their field of interest and which produce real benefits for their patients. How often do undergraduate teachers condemn those working in less illustrious centres or in general practice for their lack of critical thinking or lack of application? How often do the same teachers recognize that their teaching method in the past has almost been designed to stifle criticism and they are responsible for the output of the medical schools?

Critical thinking will be stimulated in the new curriculum, primarily through project work. Students, alone or in small groups, will be expected to examine critically some of the common problems encountered in medicine and perhaps also some of the 'sacred cows'. Carrying out a project, a student will identify the problem, will collect information from literature and possibly by survey or experimentation, will analyse this information and will draw conclusions. Project work has already been introduced in the transition term with considerable success. This has introduced the students to the idea that they will not accept dogma uncritically. Several departments already include project work in the curriculum and this will be encouraged. The middle clinical year, and the elective are seen as special opportunities in this respect.

Community involvement

It is totally unrealistic to prepare students for a life devoted to care for individuals living in the community by restricting their experience of medical care to the teaching hospital setting. The education committee is determined that in the new curriculum, students should be exposed to a much greater extent to medical care in the community. Specifically, experience will be provided in general practice and psychiatry. There will be opportunities in paediatrics and obstetrics to study medical care in the community, there will be experience in the accident and emergency department, and attachment to a peripheral hospital. The teaching hospital is essential to provide the core knowledge and skills demanded of students at graduation, but unless this is tempered by real knowledge of the difference between the teaching hospital clinical experience and the incidence and prevalence of illness in the community; the management of problems presented in primary care; the problems of providing continuing care; and the doctor's role in prevention and health education, a very poorly-rounded graduate will be produced.

Communications

The most common criticism of graduates, not only provided by the evidence of cohorts of past students but also by individual consultants and the general public, is concerned with the ability of students to communicate with patients. The education committee is tackling this by providing an introduction to interviewing skills and history taking in the transitional term, and by reinforcing this with a two-week, interdisciplinary, intensive course on communication skills in the middle clinical year. While it is hoped that this will improve students' communication skills, it is clear to many who are in close contact with student opinion that peer example is particularly important. With some notable exceptions, most consultants communicate reasonably well with patients, but many junior staff who are closely concerned with undergraduate teaching, are appallingly deficient in this skill. Unless this can be remedied by consultant pressure, the courses for students in communication skills will be stillborn.

In the middle clinical year medical ethics will also be introduced into the course, looking at such problems as patient autonomy, confidentiality and communication in such situations as terminal illness and bereavement.

Integration

Undergraduate medical education is concerned with producing the basic doctor who through postgraduate training will develop special knowledge and skills. It is therefore important that the undergraduate curriculum should not be seen by the students as a series of specialist hoops through which they must jump. The education committee wishes to present the curriculum as an integrated educational experience. This is well exemplified in the transitional term where an introduction to pathology, behavioural science, clinical skills and critical thinking through project work prepares the student for the first clinical firms. The emphasis in those firms will be on the acquisition of the clinical skills which are necessary if the student is to take full advantage of the subsequent clinical attachments.

The introductory pathology course which follows is designed to provide basic knowledge of this subject which will be needed in the firms in the middle year. These firms will be matched in such a way that cross-disciplinary teaching in, for instance, paediatrics and obstetrics or general practice and psychiatry can take place. There follows the main pathology block which will greatly enhance knowledge for the senior clinical firms. Integrated with the major blocks of medical and surgical teaching, there will be teaching in oncology, therapeutics, medical ethics, epidemiology, infectious diseases, and in the smaller specialties.

UMDS

The development of the common clinical curriculum at UMDS is dependent on the teaching resources available at four different sites, Guy's Hospital, St. Thomas's Hospital, Lewisham Hospital and the Medway Hospital. Overall a common curriculum has been developed, but minor variations are inevitable between the two main campuses as a result of the differences in resources. Over the next decade, these will almost certainly disappear. In many specialties, such as pathology, obstetrics, psychiatry and general practice, there will be total integration of the teaching. At other stages in the curriculum it will be possible for students to opt for one or other pattern of clinical experience.

A major problem facing the education committee is that of providing core lecture series and tutorial teaching when so many students are placed at so many different sites. It is hoped that these problems will shortly be overcome by acquiring new methods of communication, like fibre-optic cables or satellites. Once these are acquired, it should be possible to communicate, not only lectures and tutorials to the four major teaching sites but also for individual departments to arrange meetings without leaving their main site.

Such developments are clearly crucial to the most economic use of educational resources and to providing the sort of flexibility necessary to use the clinical resources available to the school.

Conclusion

It is hoped that the new curriculum will stimulate all teachers at UMDS to review their teaching objectives and teaching methods. It is hoped that many will present the education committee with new ideas which they will be prepared to develop and assess in their departments. The education committee has been described as an executive committee which should make things happen. It can only achieve this objective if all teachers are prepared to feed it with information and ideas.

Guy's Hospital Gazette

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The New Clinical Curriculum – an interview with John Rees

by Mark Slade

One of the people who will have much to do with the continuing operation of the new clinical curriculum is Dr John Rees, who for five years has been the Clinical Tutor at Guy's. I began by asking him if he was happy with the way it had turned out.

'Well, yes,' he said, guardedly. 'It's a compromise, inevitably, but I think broadly speaking I'm happy with it. Originally we had wanted to try to introduce a fully-integrated course, but we had advice from someone involved in running the course at Southampton University, who seemed rather disillusioned with it. He didn't, therefore, persuade us that it was a good idea. Also I think some of the more senior teaching staff would have had great difficulty in adapting to such a radically different method of teaching.'

An integrated course, of which the course at Southampton is perhaps the most revolutionary example, is one in which all the teaching, right from the first year, is integrated with clinical applications. So you might, for example, study the anatomy and physiology of the heart in the morning, and then do a ward-round in cardiology in the afternoon. The idea is to make the pre-clinical studies more palatable by increasing their perceived relevance. But already at Guy's, freshers encounter their first patients in a group clinical session at the end of the first week, and clinical teaching continues, on a fairly low-key basis, throughout the preclinical course. I put it to Dr Rees that this was one of the most interesting features of the existing preclinical course.

'Yes, I think it does tend to make the preclinical course easier to swallow. But in fact the way we teach it now means that students begin the clinical course without such a good grounding in the basic skills of examination as they had after the old eight-week introductory course that used to run before the start of clinical, and which many people would like to see reintroduced.'

So the new clinical course remains essentially separate from the preclinical years. How did they go about collecting views on the old clinical course, when considering the new one?

'We went to recently-qualified Guy's graduates, and those who qualified five years ago, and asked them how they thought the course could be improved from their point of view – how it could better have prepared them for the jobs they're doing now. The main point they made was that more emphasis should have been placed on communicating with patients and colleagues, and more on medicine in the community. We have tried to address these in the second clinical year, when for the first time we shall be running an advanced communication course, and when the GP and psychiatric parts of the course will stress the community aspects.'

Another important aspect of the new course has been the recognition that it is impossible to cover all the specialties as a medical undergraduate, so that there will no longer be any attempt to squeeze in the more specialized subjects into tiny gaps in the course. Some subjects, like neurology, will be compulsory, but others, like gastroenterology, will not.

One aspect of the new course that disappointed this interviewer was the decision to scrap the UK elective. Wasn't it a pity to remove this opportunity to experience a different working environment relatively early in the course? And wouldn't a 15-week foreign elective in practice just mean a lot more sunbathing before finals?

'I think we realized that the eight-week foreign elective just wasn't long enough to enable you to do a proper project – by the time you'd travelled out there and got yourself organized there was just too little time left. So a longer foreign elective will mean that projects can be more adventurous, and is a better use of the limited amount of time available. But if you ask me if I think it's a pity not to have a UK elective, then I'd agree. It's a compromise.'

One of the effects of the change to the curriculum has been to bring it into line with that operating at St. Thomas's. Because the two courses will now run exactly parallel, will Guy's students be able to do some firms at St. Thomas's?

'You will be able to if you want to. You'd have to arrange it, of course, but it would certainly be possible to do that.'

One of the sticking points in getting the courses at each campus to run in parallel was pathology.

'At St. Thomas's it's taught late and examined late, whereas at Guy's we teach it early in the clinical course and examine it in the middle. In the new course it's split into two main parts, with an examination at the end of the middle clinical year. The difficulty is that the pathologists like to teach later in the course, once you've seen examples of the diseases they're describing, whereas of course the clinicians would like you to understand the pathology when you see the patient.'

One of the main criticisms of the old clinical course was the sign-up system, where at the end of each firm students were awarded marks for knowledge and enthusiasm by the head of the firm. These were often said to be based on criteria other than a strictly objective assessment of the student's skill and motivation, and to encourage sycophancy rather than proper learning. In addition, sign-ups have been given without any opportunity for discussion or challenge by the student concerned.

Under the new system, definite objectives are set for students at the beginning of each firm, so that in principle each has a clear idea of what is expected. Sign-up marks will continue to be awarded at the end of the firm, but will follow an interview between student and teacher at which performance can be reviewed. This system will run under the guidance of a professional- educational adviser, who is yet to be appointed.

So now it's finally complete, is he looking forward to teaching the course?

'No' – he laughed. 'But then it won't actually affect teaching for the general physicians and surgeons all that much. I think it will be difficult for those people teaching the smaller specialties, because they will have to integrate into the general medical or surgical firms.'

As a student about to start the clinical course, I think it all sounds quite interesting. My main complaint is that we are only finding out about it now, two months before it begins. This is especially ironic in a medical school which claims to acknowledge the importance of good communication – indeed, this term we have been told by everyone from consultant neurologist to a medical sociologist that communication is the single most important aspect of medicine. If patients respond better to medical treatment when they are fully informed of what's in store for them, might not medical students do likewise?

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The Need for Health Education in India
An Elective Report

by Emma Aarons
Final Year Medical Student

Introduction

India is a country with considerable health problems, associated with widespread poverty.

Health interventions are specific measures aimed at improving community health standards. They include, for example, the provision of basic sanitation facilities; immunization programmes; and the promotion of oral rehydration therapy for acute diarrhoea.

The success of any health intervention programme is influenced by numerous factors which include funding, manpower, facilities and the compliance of the community. In order to understand better the problems which confound attempts to improve the health of a developing country's poor communities, both rural and urban, I divided my elective period between a small mission hospital for women and children in Utraula, a village in rural Northern India, and the Preventive and Social Medicine Department of a large teaching hospital in Bombay. This article discusses the need for health education in India, my views on this matter having been influenced considerably during my elective.

Utraula

Utraula lies some 25 km south of the Nepalese border, towards the edge of the Gangetic Plain, and in the state of Uttar Pradesh: the poorest and most densely populated of all India's states. The local economy is agricultural, although buffalo and goats are quite widely kept, mostly for milk. Rice, wheat and sugar cane are the principle crops and are grown almost exclusively for local consumption. The government-funded irrigation scheme around Utraula unfortunately seems to have foundered in recent years, such that farmers are still at the mercy of drought or flood. Furthermore, apparently owing to rapid population growth, the level of unemployment is over 40%. For these reasons, many men are unable to support their families (there are no 'social security' payments of any kind) and, increasingly, they are tending to migrate to Bombay in search of work.

Whilst the buildings in Utraula and other large villages are concrete, for the most part housing takes the form of thatched dwellings built of clay bricks. Water is obtained from simple wells. Utraula has an open sewage system carrying waste into the fields but elsewhere there are no sanitation facilities at all.

Family Structure

Most girls are married, frequently consanguinously, by the age of 17. Their parents having paid a dowry of land/livestock, the girls go to live with their husbands' families. Contraception is rarely used, with the result that the number of living offspring may be as great as eight or nine despite the population's high rates of spontaneous abortion, stillbirth, and childhood death. The national figure[1] for under-5's mortality rate per 1000 live births is 158 (the UK figure is 12) but the value for Uttar Pradesh is probably higher.

The level of educational attainment in the community is low, with less than half the adult males and only a very small proportion of adult females being literate. Nationally, the proportion of enrolled children completing primary education is 38%[1] but again, the value for Uttar Pradesh is probably worse.

Religion, meanwhile, plays a major role in the day-to-day life of the community which is roughly 50% Hindu and 50% Muslim. Both these religions tend to promote the adoption of a rather fatalistic attitude and this quite possibly minimises the stresses of living under conditions of adversity and uncertainty. However, the passivity it engenders is not conducive to any striving for improvement in living standards.

Prem Sewa Mission Hospital

According to the hospital administrator, the catchment population of Prem Sewa Mission Hospital is some 60,000 people spread over an area of radius approximately 30 km (and so extending into Nepal). The closest neighbouring hospital is in the town of Gonda 50 km away, but basic primary health care is available in some villages from private medical practitioners, of perhaps questionable probity!

The hospital has 17 beds exclusively for women or children, and a further 11 beds for leprosy patients. A total of about 120 outpatients are seen daily (including those patients attending for immunizations and repeat prescriptions), and there is also a small community health programme run by paramedical workers. The staff comprises 55 people, of whom two are doctors. Theatre facilities are available but the only major surgical procedures carried out are Caesarian sections and tubectomies under either ether or spinal anaesthesia.

Whilst at Prem Sewa Hospital I was involved in all the on-going medical and paramedical activities. These included ward work, clinics, deliveries, major and minor surgery, and visits to nearby villages with the community health team.

Survey of Antenatal Care

In addition, by cross-referencing inpatient and outpatient records, I carried out a survey of the 222 deliveries in 1987. I examined the relationship between, on the one hand, antenatal history, in terms of past obstetric history and antenatal clinic attendance (or lack of it) and, on the other hand, perinatal mortality and maternal complications. A preliminary analysis of the data shows that the majority of poor outcome deliveries occur with respect to women who have not received any antenatal care, and who only present at the hospital as emergency cases, i.e. when something has already gone badly wrong (e.g. hand prolapse). The majority of women (and this includes many who receive antenatal care and many who are relatively well off both financially and educationally) expect to deliver at home with the assistance of a 'dae', a village midwife having no formal training and no understanding of sepsis. Since there are no available estimates of the number of normal, uncomplicated domicillary deliveries (there is no parental obligation to register births), it is very difficult to assess the degree of benefit conferred by antenatal care. Nor is it possible to estimate the frequency of complications for which the activities of dáes are directly responsible. However, it is likely that unsterile vaginal examinations cause puerperal infections and that ill-judged injections of Pitocin (an oxytocic which, along with virtually every other drug, is freely available over the counter in India) result in obstructed labours and, on occasions, uterine rupture.

Bombay

Bombay is the second largest city in India and is undoubtedly her most prosperous: the business and money centre of the country. For this reason, it is to Bombay that the unemployed from the villages throughout the north of India, including Utraula, come in search of work. This influx of people, men with and without their families, amounts to some 300–400 per day. Moreover, although transposed to an urban environment, these people share the socio-cultural values and behaviour of those living in rural areas. They live on the streets, many constructing shelters of sorts from discarded planks and old sacking, so contributing to the continued expansion of the vast slum in which already nearly half the city's population is living. 'Organized slums' in the north of the city comprise more permanent dwellings having electricity and access to communal water supplies although no proper sewage system. Here the problems of alcoholism and drug abuse ('brown sugar' an opiate mixture) co-exist with those of poverty, overcrowding and poor sanitation: malnutrition, tuberculosis, scabies, gastrointestinal infections, malaria etc. Municipal housing blocks are inhabited by so called 'lower middle class' families. Each apartment comprises a single room approximately 3 × 4m in which up to 15 people may be living. The rooms have continuous electricity and a supply of drinking water for two hours per day. Washing and toilet facilities are communal. The majority of patients attending Bombay's muncipal hospital are of these socio-economic backgrounds.

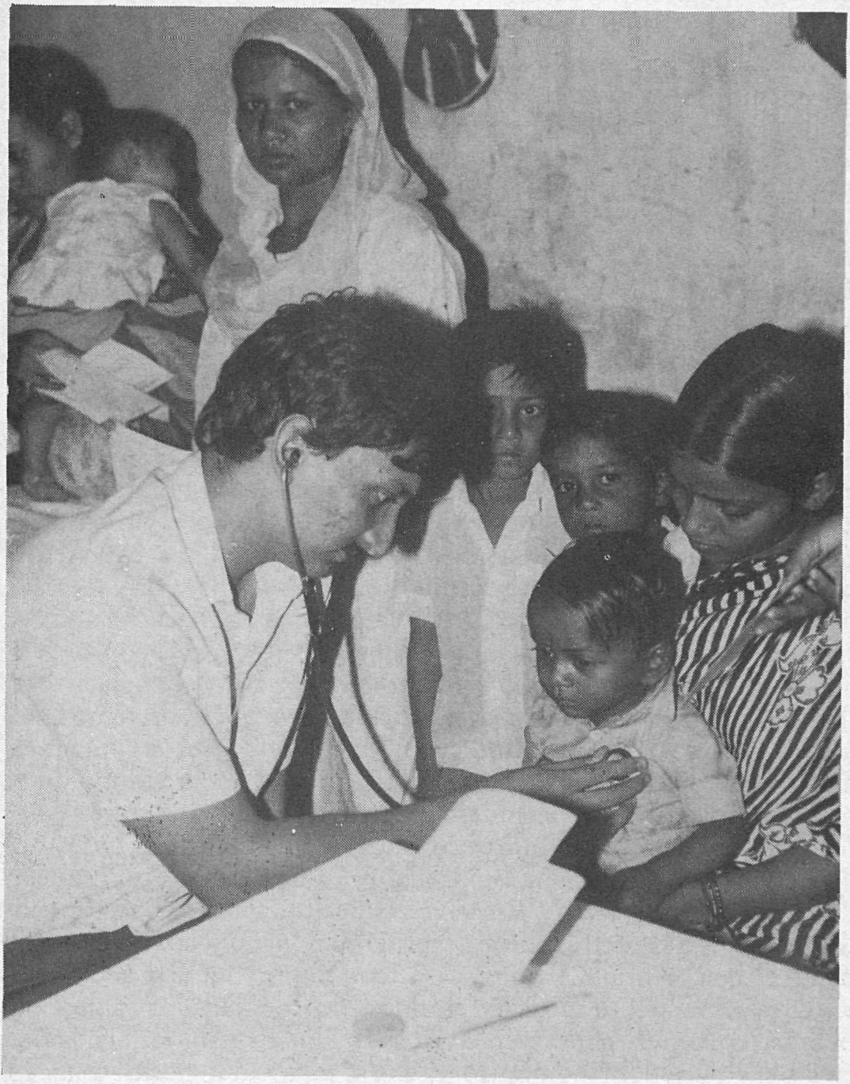
King Edward Memorial Hospital (KEM)

This is one of the largest municipal hospitals in Bombay. The size of the catchment population is such that the range of pathologies seen in every department is vast. The Preventive and Social Medicine (PSM) department at the KEM is responsible for several urban health centres and for the whole of Bombay's child immunization programme. It also runs a wide-ranging health education scheme including a Child-to-Child project, the aims of which are:

(a) to provide children with basic health knowledge concerning, for example, nutrition and hygiene;

(b) to teach them to recognize (and hence bring to the attention of medical workers) symptoms and signs of conditions such as tuberculosis, leprosy and vitamin deficiencies amongst their siblings and children of neighbouring families.

My experiences in Bombay included working in a slum health centre and visiting municipal schools, muncipal housing blocks and slums with the immunization team. Through my involvement in the activities of the PSM department, I was able not only to observe at first hand the conditions in which Bombay's urban poor live, but also to learn (both through observation and through discussion with medical and paramedical personnel) about the many problems confronting endeavours to improve the health of this population.



Crowded conditions at an Indian clinic

Discussion

The preventative medicine practised in urban slums seems to be no more than 'crisis management' in the face of appallingly insalubrious conditions, It is barely prophylactic at all! One important underlying problem is the continual migration of unemployed people to the cities. If the present malignant decay in the already atrocious plight of the urban poor is ever to cease, let alone be reversed, the villages' problems must be addressed directly.

Two factors make a major contribution to the present exigency in India's rural areas. First, there is the underproductivty of the land. This arises to a considerable extent from a lack of effective irrigation, flood control and pest control schemes. Unfortunately, even where such measures have been initiated, their operation is often frustrated by corruption-riddled bureaucracy. Secondly, there is the underproductivity of the population associated with its rapid proliferation in numbers and concommitant poor health.

With regard to this second problem, the main barrier to improvement in the health of rural communities would appear to be ignorance, which, more often than not is profound. Compliance with all health and medical interventions such as contraception, immunization and long-term drug treatment (as for tuberculosis and leprosy) tends to be very poor because of pre-existing erroneous health and illness beliefs. In addition, the benefit of providing safe water and sanitation facilities is considerably compromised if the receiving population, through lack of understanding, fails to use the facilities properly[2]. For these people even the notion of change in the way of life is an alien one, such that there is little incentive to be changed and even less to drive it. This inertia creates a passive resistance to, for example, treating infantile diarrhoea by giving copious oral fluids (rather than by withholding breast milk and giving unsuitable home remedies). It is not easily overcome. To do that requires considerable commitment in health education. However, it is probably unreasonable to expect doctors, who do regard themselves as health educators, to explain the concepts like 'dehydration', 'germs' and 'prophylaxis' which lie behind their actions. In any case, community health and rural work is extremely unpopular amongst doctors since it cannot be practised privately and is perceived as lacking in glamour. Thus the two-year period of compulsory work in a rural health centre/ hospital is regarded by many young Indian doctors as a tiresome hiatus in their careers. There is obviously a very important role for specially trained paramedical health educators in mediating between medics and rural communities. I shall now go on to discuss just a few specific aspects of health care in which health education can be of particular value.

Immunization

Even where the opportunity for immunization is available, children may not be brought for immunization or may not complete a series of immunizations owing to:

(a) the family not understanding the purpose of immunization;

(b) the family not knowing that immunization is available;

(c) traditional views about what is necessary to protect children[3];

(d) fear of side effects. (Completion of immunization courses is frequently jeopardized when a child coincidentally develops some illness soon after his/her first vaccination, which his/her mother then directly attributes to the injection.)

Treatment defaulting

In prescribing drugs for diseases such as tuberculosis and leprosy, where drugs must be taken for long periods even after illness has apparently abated, a doctor rarely considers his/her patients' understanding of the relationship between their symptoms and the tablets they are given. However, studies which have focused on this matter do show that individualized teaching, coupled with financial assistance (lack of money is a common reason for treatment defaulting over long periods during which the individual may be infecting others), considerably improves cure rates.[4]

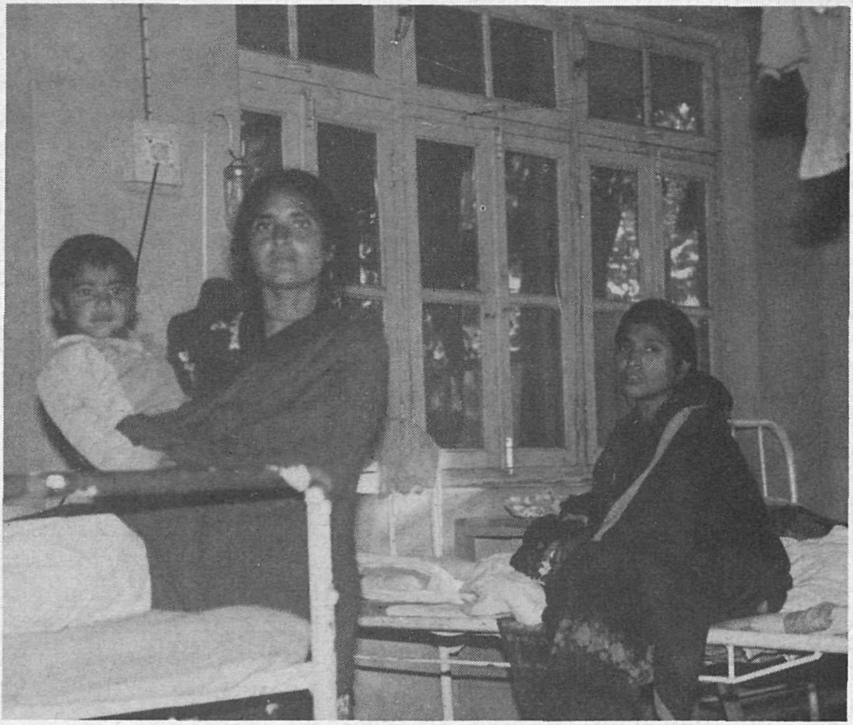
Antenatal care

Of potentially considerable value to community health programmes are the daes, whose expertise in childbirth is well respected by the local population, but whose activities at present frequently run contrary to 'orthodox' medical practice. Projects aimed at training daes in basic sterile technique and encouraging them to refer complicated deliveries to hospital at an earlier stage are of great importance. At the same time, limiting the availability of drugs like Pitocin would almost certainly be beneficial.

In the above three areas requiring health education, there is fortunately relatively little cultural antagonism to the specific health messages. However, where a health intervention drives at very deeply rooted cultural values health education becomes much more difficult. Such is the case with contraception.

Birth control

Birth control is very unpopular in rural India. Here, after all, is a culture in which it is a calamity not to have at least one son and, quite simply, the more, the better. In addition, antagonism to birth control arises from the perceived need to compensate for likely child deaths. Women are caught up in a vicious circle of compromising their own health with frequent pregnancies only to waste family resources in trying, under very adverse conditions, to raise to adulthood children who are disadvantaged (because of poor maternal health) from the time of their conception. This cultural pressure towards having many children is such that men and women tend to be *equally* averse to the use of contraception



Too many children?

even though women stand to gain more from it in terms of their own health! The problem is compounded by the general acceptance of 'husband autocracy': both husband and wife expect that *all* decisions will be made by the husband. Thus, a couple's decision as to whether or not to use contraception is, in practice, solely the husband's decision, and depends on *his* attitude to birth control. In a society which does not promote individual autonomy, his attitude in turn is determined almost exclusively by the attitude perceived to be prevalent in the community. Finally, in the absence of a widespread understanding of the potential benefit to family and community health of multiple health interventions implemented together, birth control is seen in isolation and merely as a kind of bizarre altruism!

It is perhaps a further health education problem (although not one to be tackled immediately) that, in India, medics themselves make the assumption that female sterilization is 'better than male sterilisation, despite the former being a major operation and the latter a minor operation under local anaesthetic. As a result, no effort is made to encourage couples who have agreed to sterilization to opt for vasectomy rather than for tubectomy – a more dangerous and more expensive procedure. (Laparoscopic sterilization is not available.)

Significant changes in group and individual attitudes to birth control can only occur in the context of a fairly broad understanding of health matters, and an understanding which is widespread amongst members of the community. In India's poor communities, adults are usually neither available for (because they are working) nor receptive to a large volume of health education. Their children, on the other hand, are both available and receptive. They are available because the proposition that children should go to school is widely accepted by parents even if other influences in practice such as the need for help in the home, may result in a child being kept away. School attendance therefore should be enforceable with minimal further investment in personnel. Regarding their receptiveness to health education, these children have the advantage that they are not already inculcated with the 'what will be, will be' philosophy of their parents.

My own experience of child health education in India is rather limited but the astonishing enthusiasm of slum children involved in the Child-to-Child programme in Bombay leaves me in no doubt that efforts aimed primarily at the young are likely to constitute much the most effective means of developing a widespread, positive attitude to health interventions.

At present, health education is effected largely through pictures and the spoken word. There is, however, surely a powerful but as yet underused tool in the medium of film. Not only are films extremely popular throughout India but, somewhat surprisingly, facilities for showing them are ubiquitous, even in rural areas! Without doubt, the production of large numbers of highly 'palatable' health education films would be well within the capabilities of the country's vast film industry.

Summary

(1) If further decline in the health of India's rural and urban poor is to be halted, let alone reversed, more emphasis should be placed on health education.

(2) Doctors are not necessarily good health educators and it is probably desirable that health education should be carried out by specially trained paramedical workers.

(3) For effective implementation of health interventions two types of health education must be established. First there must be health education for adults with respect to the aims of specific health interventions, e.g. immunization. Secondly, there must be a broad-ranging health education for children in school.

(4) If existing organizational structures (e.g. schools; the dae midwifery system) and means of disseminating information (e.g. the film industry) are used, then additional resources necessary, in order to conduct health education effectively, are minimized.

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On starting clinical studies

by Norma Volaemia

One of the strangest things about moving from preclinical to clinical studies is how terrifying the idea of going to interview your first patient is. You approach the bed with your heart pounding, trying desperately to remember the list of previous illnesses you must be certain to ask him or her about. Your completely redundant stethoscope keeps catching in the sleeve of your bit-too-tidy white coat, and just as you are about to say hello you realize that you can't actually remember the name that was staring at you from the top of the patient's notes not 45 seconds ago.

How can this come to pass? How can the sort of old, frail person you're used to barging out of the way in the bus queue suddenly bring you out in a cold sweat? After all, they're lying down, feeling under the weather, at your mercy and perhaps even in awe of you. Well one reason, of course, why any medical student would feel nervous on the first such occasion is the power of your expectation of what the patient's expectation of you will be, if you see what I mean. It's a bit like being asked to perform for the first time in any context – you're pretty sure what's expected of you but equally sure that you're not going to be able to do it.

The first patient I went to see was always asleep when I wanted to talk to her. I couldn't imagine anything worse than being woken up by a curious medical student if you were old and ill, so I used to just leave again, telling the nurses that I would be back later. I was on my fourth visit and near breaking point when I realized that the lady wasn't asleep at all, she was just sitting pretty still with her feet up. To my astonishment she didn't groan or sigh when I went up and introduced myself, but told me to sit down and said how much she liked having people to talk to.

We chatted for quite a while, which was very nice, until I remembered that I was supposed to get a 'history' from her, which should be 'as detailed as possible' because it formed '90% of the diagnosis'. My patient obviously hadn't been reading the same book, because the 'history' revealed first that she had practically nothing wrong with her, then that of course she had something wrong with her, because she was in hospital, but she'd not had anything before that. Finally she did admit to having had one 'operation', which was 'a long time ago'. Did she have any allergies? No, of course not. Not to cats, any food, pollen, that sort of thing? Definitely not. How about any drugs? No. Nothing. Not a sausage. Jolly good.

She was such a mystery that I decided to look at her notes (it's not really cheating, well, not very much, anyway). Unfortunately, they didn't help much, because no one else knew what was wrong with her, either. They did, however, have a big red 'PENCILLIN' in the allergy section. I don't know how they'd winkled that out of her.

I decided next that I'd concentrate on just coming to see the lady and chatting to her as often as I could. She lived nearby, so I asked her if she had always lived in the area, but she said no, she used to live in Bermondsey. I've always thought of London as one big amorphous lump so it was funny to meet someone with such a highly-refined sense of her surroundings that she made a distinction between Borough and Bermondsey.

Finally, of course, she wasn't the slightest bit daunting to talk to. Just a little sad. But of course the patient is only the easy bit they soften you up with – then they hit you with the notes.

The *notes*. I thought I'd seen my fair share of paperwork in my time but all of it is as nothing compared with the impenetrability of a set of hospital notes. A set of notes, for uninitiated first-years among the *Gazette* readership, is a collection of papers pertaining to one particular patient. It may be a thick bundle, if the person in question is a regular, valued customer of several years' standing, or a thin little clutch for the newcomer. The only rule governing the thickness of the notes is that it should be not less than twenty sheets more than can be accommodated by the plastic ties which give the impression of being intended to keep the bundle together.

Interspersed through the sheaf of notes you will see dividers bearing labels like 'Correspondence' and 'Investigations'. TAKE NO NOTICE. These are nothing more than traps for the unwary. You are just as likely to find the bronchoscopy results under 'Correspondence' as anywhere else.

By far the most extraordinary section of all, however, is the one which contains the various histories and follow-up notes. It is of the utmost importance that you do not expect to be able to understand these. They are clearly intended to be read only by the person who wrote them, and even then only while he can remember what he was trying to say. The funny thing is, the information in this section is actually quite important. It's difficult to imagine, say, the list of pre-flight checks to be carried out on a jumbo jet being scrawled down in poor handwriting for the pilot's consumption. But in hospital files, because you're only talking about what's wrong with a sick person or how to keep them alive, it seems to be perfectly acceptable for the notes to be written in Sanskrit or Linear B.

Why can't the results of a history-taking and examination be written up on a preprinted form, where you simply tick off, for example whether the patient has had jaundice or diabetes, and jot down their blood pressure or JVP in the appropriate slot? A system like this would have the enormous advantage that students would not have to try frantically to remember what the next question was supposed to be, failing as they did so to listen to the answer to the current one. It would save the man-hours of hundreds of house officers and students, each of whom has to scrawl down, illegibly and unnecessarily, things like 'JVP normal' and draw the same hexagonal sketch of the abdominal wall. Just imagine it – all the notes, perfectly standardized in format (just leave blank any irrelevant parts), much more legible, much quicker to fill in, no risk of forgetting to ask that important question, a bottle of champagne if your form has that lucky number – the benefits are legion.

Already I can hear people complaining that, of course, students wouldn't learn properly if it was all written down for them; that unless you can commit the key parts of the basic interview and examination to memory you'll never be any good at the rest of the job. But it's not true. I'm sure the pilot doesn't check his instruments from memory – he has a checklist. So does the garage mechanic when servicing a car. It doesn't make them any worse at their job – in fact, it gives you more confidence that they're doing things thoroughly.

There must be a good reason for not producing pre-printed history and examination forms, because the idea is so simple that it must occur to every house officer in every hospital every year. Can someone tell me where the difficulty lies?

Nursing

Times past

We are celebrating forty years of the NHS this month. Nursing has changed a great deal during this time. I recently noted a gathering of the Guy's Nurses League one spring afternoon, and shortly afterwards attended a meeting of the League at my own training hospital on the South Coast. It was a lovely sunny day, Wimbledon had won the cup, and it was so nice to see my old sister-tutor (as they used to call them) still getting about, even if she needed a stick.

I wonder what all these senior nurses think of the NHS today? Most of them saw it at its birth. Many of them remember the much harder times before. In earlier days dedication to nursing was not just desirable, it was essential, as there was hardly any time to do anything else. Nurses paid for the privilege of being trained, and they were not supernumerary at that; receiving an allowance for their training was certainly a great stride forward!

Since the inception of the NHS the structure of nursing has altered a lot. We used to have matrons. A lot of them were charming, large ladies – I remember someone once described them as having breasts like doodle-bugs. Not all of them, however, were filled with the milk of human kindness: they could be very harsh on the minor misdemeanours of student nurses, for behaviour that would be accepted as normal today. The old-fashioned matrons seemed to control everything and everyone in the hospitals in the early years of the NHS. I'm not sure how well that would go down with the proposer at Guy's who recently suggested we should bring matron back. One matron I recall (not at Guy's) who, while doing a ward round – remember them, when beds and patients were lined up military style? – said she was glad the patient's insomniac problems were not her own. I presume she returned to her office to resume her slumbers.

As the former Dean of the Medical School has observed, sisters seemed much older in the early days of the NHS. Maybe it is just the hospital parallel, warning us all of advancing years when policemen look like overgrown schoolboys. I have felt a bit worried myself occasionally when looking at someone walking through the park in a blue dress, and wondering if they have changed the colour of student nurses uniforms. Nevertheless, it must be true that fewer nurses today are prepared to remain spinsters and sisters at the same post for years and years.

In the forty years that have elapsed since July 1948 attitudes and techniques in the NHS have changed a lot. At that time, many patients thought nurses were doing them a favour by caring for them, nowadays it is expected as a right to receive proper nursing care. Then, antibiotics were comparatively new, and bed rest was all important. We all realize how much medicine and the accompanying care of nurses has changed to reach today's standards.

Denis Cobell

(If you have any views on matrons – doodle-bugged or not – please write to the Editor with them.)

Physiotherapy

If one is invited to review a book, it seems incumbent upon one to read it first, and so it was that I rediscovered *Posture.* Older readers may recall my earlier allusion to a Steinbeckian Madam reminding her girls that while exercising their profession they might still expect to look like a lady, thus exemplifying her definition of good posture – dynamic rather than static, presumably. This book, however, directs itself towards efficiency rather than aesthetics, though no doubt both its author and the aforementioned Madam would be content if the two were to coincide. It was interesting that the author did not actually say what he considered to be good posture. Understandable, I agree, but when your thesis is that good posture cures everything from eye-strain to flat feet, taking in depression and osteoarthritis *en route,* it seems to me that it is not enough just to say what it is not. And anyway, in view of his bowling prowess, how could anyone argue that, say, Gladstone Small's neck and shoulder posture is inefficient, even though it does look as though a heavy weight fell on his head at some crucial point in his development.

One appears, in the author's view, to be given little allowance for one's body type but it is not readily apparent how one is expected to convert from an endomorph to an ectomorph, despite his claim that he is now taller than he was as a young man forty years ago. It is exercise that he is really pushing, and the postural variations that he is hoping to straighten up are seen by him to be the result of muscle imbalance rather than of habit or psychological expression or fashion.

The efficacy of regular exercise and an efficient circulatory system is really his theme. Get up out of that chair, switch off that pernicious TV and see your aorta uncoil itself from the bizarre position it occupies in one of the diagrams. True, it was written in the southern hemisphere but it was printed in Hong Kong, so the descending aorta should still travel downwards, presumably?

Facile jibes . . . exercise as a way of life, exercise as a remedy for many common ills, exercise as a mental as well as a physical stimulus – how can a physiotherapist not agree? But what, essentially, has that to do with posture? Well, I suppose everything we do has something to do with posture, so the rhetorical question is badly phrased. What has it to do with good posture? That's better – now all that's needed to answer it is a good definition.

Ronald Cooper

Book Reviews

Prevention of Coronary Heart Disease & Stroke: A workbook for Primary Care Teams
J. T. Hart, B. Sitwell, J. A. Muir Gray. 244pp. £5.95. Soft Cover. Faber and Faber.

I recommend this book without reservation. The three authors have established a reputation in their own fields and what they write is authoritative and informative.

The doctor who wishes to reduce the risk of heart disease and of stroke amongst his or her patients will find here all that he or she needs to prepare for the task, to motivate colleagues, to train staff, to set up systems and to keep a sensible balance between the demands of work and the need for leisure.

Professor P. M. HIGGINS
Vice-Chairman,
Division of General Practice

Inequalities in Health: the Black Report and the Health Divide
Penguin, 1988

This book brings together two well-known reports on class inequalities in health in Britain. The first is *The*

Black Report first produced (with some reluctance) by the DHSS in 1980 and published in an amended form in Penguin in 1982; the second, *The Health Divide* was produced in the dying gasp of the old Health Education Council in 1987, and now for the first time, with some updating, made generally available. There is also a new introduction to this joint volume by three of the authors of the original reports.

Both reports are relatively well known, having received extensive coverage in the media at the time of their publication, particularly in response to government attempts to repress them. Their joint publication now no doubt improves their accessibility to anyone interested in reading the originals, but is there a more symbolic gesture in this statement on inequalities in health? Should we indeed regard it, as the introduction suggests, as an accumulation of evidence which shows beyond doubt the existence and significance – especially in terms of poverty – of inequalities in health status today?

There is in fact something ironic about the influence of these two reports. One of the assumed aims of the NHS from its inception was to reduce inequalities, and yet these, far from being eliminated, may well have increased over the last few decades. In this sense the NHS has failed. But this conclusion happens to concur with the views of right-wing critics of the NHS who in recent years have pointed out that the whole idea of a centrally funded and organized national health service is mistaken. Of cours the suggested solutions are very different but aspects of the evidence presented in these two reports may well have served an end which is far removed from the intentions of the authors.

The other irony in this volume is that it is published at a time when confidence with social class as a useful variable in understanding health status is under serious attack. Social class is disappearing from official government health statistics, no doubt encouraged by political considerations, but also on the academic side its use as a classificatory tool is increasingly queried. Is it valid? How can a nominal scale of occupations be transformed into an ordinal scale of social classes (originally by reference to the infant mortality of occupations) without confounding the variables it is intended to explain? Indeed *The Health Divide* deliberately widens the agenda from social class to look at other variables which may have a better correlation with health and illness, such as housing tenure, unemployment, ethnicity and so on.

At a political level it is possible that the framework in which health inequalities are viewed is changing. On the one hand the welfare state, with its concerns for health inequalities, may be undermined in the face of a concerted attack by the proponents of market forces and consumer choice. Suddenly it is possible to hear the argument that inequalities would have been less had the NHS been organized on other lines. On the other hand the very existence of inequalities might be read as indicating an efficient market in which resource allocation is based more on consumer 'choice' than political, managerial or clinical directives.

Is this volume then the proud culmination of a tradition of welfare attacks on inequality or is it the swansong of a political analysis which is fast disappearing? This is a judgement that will have to be made in retrospect.

DAVID ARMSTRONG
Division of Community Health

Correspondence

Gazette covers

Dear Sir,

Is there any reason why the *Gazette* should have a different cover for each issue?

The *Guy's Hospital Gazette* is a respected and serious hospital publication, which is recognized and welcomed in countless homes and libraries all over the world.

The cover of the last, April, issue, while possibly acceptable as a joke cartoon within its pages, was appalling on the front of a serious journal. And it is ridiculous to have to turn the *Gazette* sideways to discover what the thing is.

Why not return to the old, dignified cover, however old-fashioned it may be?

I wonder what Guy's men and women think?

Yours faithfully,
E. D. Y. GRASBY
Guy's, 1923–1928

Sport

THE BATCHELOR CUP

This was bought by members of the Guy's Rugby Supporters Club in memory of John Batchelor, past orthopaedic surgeon to the hospital and Guy's RFC President 1960–71. He died in 1987. The inscription on the cup reads 'In memory of John Batchelor, President Guy's Hospital RFC 1960–71'. This trophy will be presented to the most promising newcomer to the club annually. The award was made for the first time at the rugby club ball, held in Glaziers Hall on 14 May. Dr Gibson, the current Club Prsident, made the presentation to Mr Greg Ryan. The other trophy, awarded annually to the best player, was donated to the club in 1974 by Mr T. L. T. Lewis. This year the cup was shared by Mr Richard Docker and Mr Graham Bevan.

United Hospitals Bumps

BOAT CLUB
Heads bumped

Every year for three days the peaceful river Thames is invaded by 75 rowing VIII's for the most enjoyable, and the most competitive, interhospital event of the rowing season. This year's Bumps were no exception – scullers cursed and ducks scattered at the blare of klaxons, as each of the three divisions set off. Chaos reigned while the crews attempted to bump each other; coxes who refused to concede were physically bumped until they did.

All three days' racing ran smoothly, thanks to Mike Gleeson, Simon Horner, Nikhil Patel and Helen Gaylard, who drove the launches and acted as umpires, officials and timekeepers. The only long delay was caused by a pleasure cruiser which gently steamed past the race just as the crews were about to start.

The fancy dress competition on Friday lightened the atmosphere, as crews of blacked-up slaves raced Alice in Wonderland, Mad Hatter *et al.* One ladies' crew sported fluorescent wigs and purple petticoats, competing with clowns, Romans, cavemen and the Bladerunners in their birthday suits.

Guy's rounded off a very successful year with all our crews rowing extremely well. The Ladies' 1st VIII bumped up three days in a row, as did the Men's, who also managed a superb overbump on the final day, to move up a total of five places in all. The Ladies' 2nd VIII bumped up three days in a row, with the Men's 2nd VIII just missing their third bump on the last day. The Bladerun-

But who are the boring party-poops already on the river?

ners, having bumped up on the first two days, spent the last day worrying about what might get caught in their slides, and so did not move up any further.

The rugby club showed the merit of brawn over brain (*you must be joking – Ed,*) and caught the football club within seconds to get their third bump in a row.

The Ladies' 4th VIII won this correspondent's prize for their capsize drill. Having arrived at the raft, half the crew removed their blades, with the result that the whole crew promptly did an eskimo roll.

The Thames claimed another victim when the London's new launch engine fell to the bottom of the river and it is to the captain's credit that he remained cool while hauling it back up on the fuel line.

Overall the hard work of Simon Huins and Stephen Andrews, UH captain and treasurer, paid off and the sleepless weeks leading up to the bumps were rewarded by a superbly organized event.

Results

Men

Division I

1st VIII Bumped up from 14 – 8

Division II

2nd VIII Bumped up from 9 – 5
Bladerunners Bumped up from 16 – 10
3rd VIII Rowed over all three days, but owing to cancellations moved up from 18 – 15
Football VIII Bumped up from 20 – 17
Rugby VIII Bumped up from 23 – 16

Ladies

1st VIII Bumped up from 8 – 5
2nd VIII Bumped up from 17 – 13
3rd VIII Bumped down from 20 – 21
4th VIII Unchanged at 24

HFG/SJH

HOCKEY CLUB TOUR
Pisa, Italy

THE TEAM:
Loads of Chunder: Zafar.
Long Beard: Alan Baird.
Odd Job: Reg Patel.
Team Stud: Tim Earl.
Preacher: Graham Cleveland.
Compass: Deepak Gill.
Stomach 'n' Bladder: Dave Bailey†
Team Tiger: John Boden.
The Boy: Grant Homman.
Tin-Tin: Mark Cynk*.
Hat Brother: John Hatfield.
Worrier: Richard Russell.
Black Bottle: John Black.
* Captain † Team Tosser.

By all accounts the tour started badly. Having been ordered by Worrier to get to Boland House at 7.00am sharp we all turned up in various stages of hangover from the training session in *The Shoes* the night before!

OK, so we had a team, what could possibly go wrong? Answer – the minibus didn't turn up. Two hours later we were still waiting. A Lunchtime rendezvous in *The Shoes* with the Spiros seemed likely but unfortunately it was not to be. The minibus arrived and we were away.

Twenty hours later we managed to get to Piza – despite Stomach-'n'-Bladder's affliction, and his attempts to scatter the contents of the gearbox over Europe. We even found the hotel/convalescent home which went under the daunting title of 'International Feminine Centre' (were we being wound up?!). Team Stud's eyes popped out and ears pricked up – or something like that. Compass deserves a mention for his unrivalled skills – no doubt Preacher's London A-Z was the key to his success in taking us down an assortment of Italian alleyways. On arrival, a team swim in the Med was called for – Loads of Chunder thoughtfully placed his room key in a safe place (the pocket of his swimming trunks) and took to the water. Needless to say he lost them, but he deserves credit for going back to look for them.

'I dropped them around here somewhere,' he was heard to say, pointing towards Africa.

The first night was spent acclimatizing in a local bar, and here the team won its first victory. This took the shape of a Zambucca – Eurobrew boat race between ourselves and a team from Edgbaston HC. The Boy did us proud – shame about his shirt front though. It was in this famous place that Loads of Chunder started his campaign to drink Europe dry, and Team Stud lived up to his name by trying his best to get off with a strapping young barman called Marco. His father was right about him being a ruffian.

The next morning, and – horror of horrors – it was time to play hockey. Unlucky for some. The Boy was obviously suffering from severe vitamin deficiency, but goals by the Preacher, and Team Tiger secured a 2–2 draw against the host team. A little unlucky not to win perhaps – Odd-job should maybe stick to hat-throwing rather than striking short corners. The rest of the day was spent supporting a team of Italian women dressed in white – whose skirts really were a waste of time. Hat Brother and Stomach 'n' Bladder took it upon themselves selflessly to entertain a couple of Aussie girls, and Worrier acquired himself a gaggle of Italians, perhaps as a consequence of his devastating left-wing play.

The next day we recorded a 3–1 victory over Salon HC from France. Early in the game Tin-Tin tried hard to amputate the French goalkeeper's head with a sizzling shot which unfortunately soared over the bar. A little later, Preacher tried the same in cold blood from very close range. What cads! Two goals from the Boy and one from Team Tiger – who incidentally managed to get himself sent off after a little fisticuffs with his opposite French number – secured the game. A fine result for the boys.

Our third game against Cardiff University was played in fine spirit, and was our best performance but sadly the umpires ruined the match, frustrating both teams in their efforts to score. In the farce that ensued from this unsporting behaviour, Cardiff were allowed to score and we lost 1–0. This prompted prolonged sulking by Loads of Chunder and Tin-Tin and was the only sour note of an otherwise excellent tour.

That evening any grievances were soon forgotten during a meal held for everyone playing in the Tournament. Team Tiger, Stomach 'n' Bladder and Chunder elected to single-handedly race the rest of Europe at downing glasses of wine, but Team Tiger soon got bored and decided to customise a few table cloths while Stomach 'n' Bladder found himself a woman, so large he could have taken out a mortgage on her. Enough said, a great time was had by all. On the way back to the hotel, Black Bottle tried to commit suicide by climbing onto the roof of the minibus at high speed and several of the boys even managed to summon up enough energy to stop off at a local nightclub – rather appropriately called *Frumpies*.

In the play-offs the next day we played Borussiamünchen Gladbach from Germany. Despite doing a superb imitation of a pale cream sherry Team Tiger managed to score a goal. Unfortunately the Germans lifted their game scoring 3 superb goals and won convincingly 3–1.

So – it was time to go home. The journey back was very eventful, involving a game of hockey on the

Champs Elysée at about 4am and subsequently a police escort out of Paris. Enough said. . . .

Special mention must go to Stomach 'n' Bladder who won the Team Tossers tie (which incidentally, the Captain forgot to bring) for numerous sins and crimes against humanity!

Also thanks to Richard Russell for organizing everything so well. Without Richard the tour would just not have happened. Also Reg, Grant and Graham for coming at such short notice and making such valuable additions to the team. I would also like to thank the makers of the film *Planet of the Apes* without whose inspiration I'm sure our hockey would have been better.

Finally I will end with the quote of the tour, taken from Ephesians 1 v. 18–19.

'They are darkened in their understanding and separated from the life of God because of the ignorance that is in them due to the hardening of their hearts. Having lost all sensitivity they have given themselves over to sensuality so as to indulge in every kind of impurity, with a continual lust for more.'

BRIDGE CLUB

The Bridge Club has been active recently, with teams entering two London tournaments, and playing matches against other London University colleges. We have also been holding weekly practice sessions in Boland House on Thursdays.

In March a team of eight from Guy's beat the London Hospital by 76 IMPs to 53. This has now become a regular social fixture, held twice-yearly. Currently Guy's are leading the series 3–1.

In April B. Nesom, O. Yanni, A. Thompson and R. Kaprielian entered the British Universities Congress. Nesom and Yanni qualified for the consolation pairs final by coming sixth in their section on the first afternoon, while Thompson and Kaprielian came top of their section on the second afternoon. In the team event Guy's finished just below average, despite winning half their matches.

At Easter O. Yanni and J. Sharpley bravely entered the Easter *Guardian* Swiss Pairs Competition, held at the Park Lane Hotel. Here they came up against many of the country's top players. Despite winning only one match, they inevitably gained experience, and now form the backbones of the Guy's team.

Finally, Guy's played Goldsmith's College at the end of May, in which Guy's 1st team easily overcame the opposition, winning by 25 IMPs.

Several matches are planned for the summer, including another against the London Hospital, and one against a team of Obstetricians from various London hospitals. Next year a London University league is being planned, for which Guy's is hoping to enter two teams. Anyone interested should either leave a note in the Bridge pigeon hole in Boland House, or come along to one of the Thursday evening meetings from 7.30pm. Anyone is welcome, whatever their standard, and whatever their position within the hospital.

Teams

Guy's vs The London Hospital

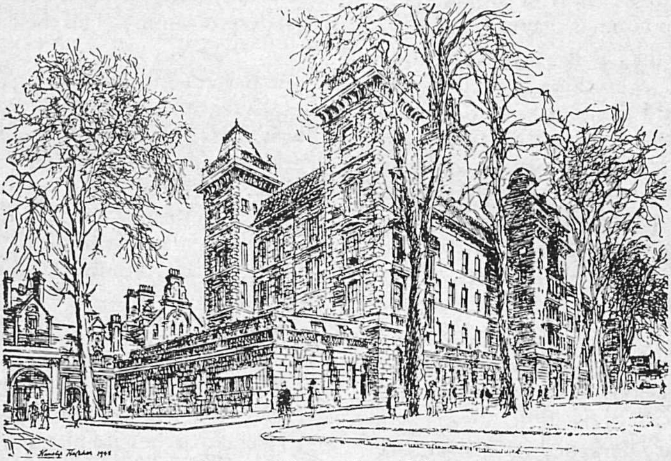
O. Yanni and J. Sharpley; A. Thompson and R. Kapielian; B. Nesom (*Captain*) and M. Chapman; M. Patel and P. Semus.

Guy's vs Goldsmith's College

Guy's I: O. Yanni and J. Sharpley; R. Kapielian and M. Patel.

Guy's II: B. Nesom and M. Chapman; L. Goldman and R. Rasayanagam.

Guy's Notelets



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BIRTHS

TAYLOR-RANKIN. To Chris (Guy's 1981–86) and Jean, a son, Jacob Thomas, on 24 May 1988. Smiling already.

DEATHS

BLAIKLEY, Vivien, SRN. Wife of the late John Blaikley, FRCS, FRCOG. Died peacefully on 20 May 1988.

CARTWRIGHT, Anthony (Tony), LDS RCS 1954. Died suddenly in hospital 21 April 1988 aged 61 years.

LEWIN, John, OBE, FRCS, of Kings Lynn, died peacefully on 11 May 1988 after a short illness, aged 86 years.

CHANGE OF ADDRESS

CRABBE, Mrs Ann, 48 Brook Meadow, South Molton, Devon EX36 2BN. Tel: 07695 2739.

PERSONAL

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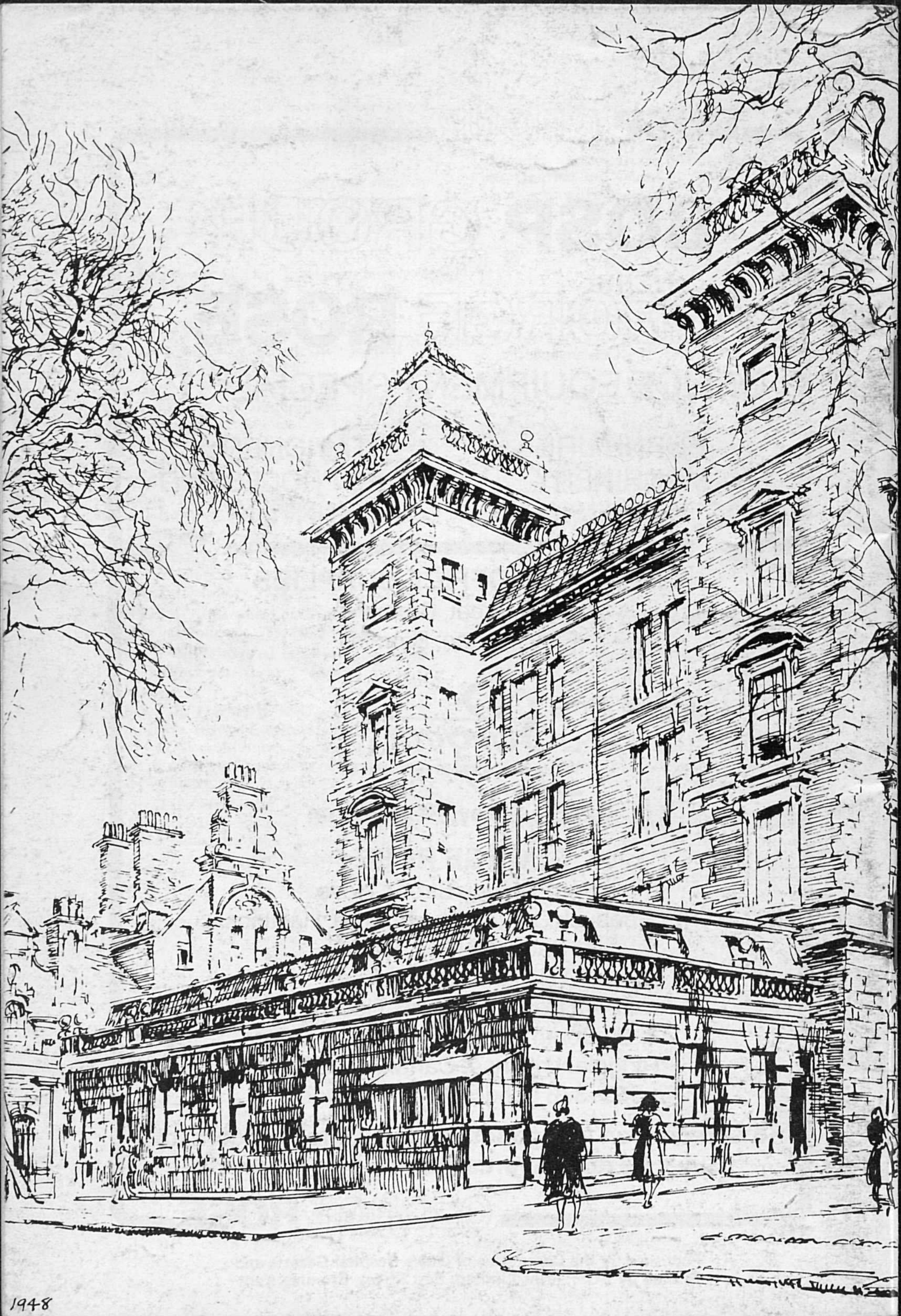

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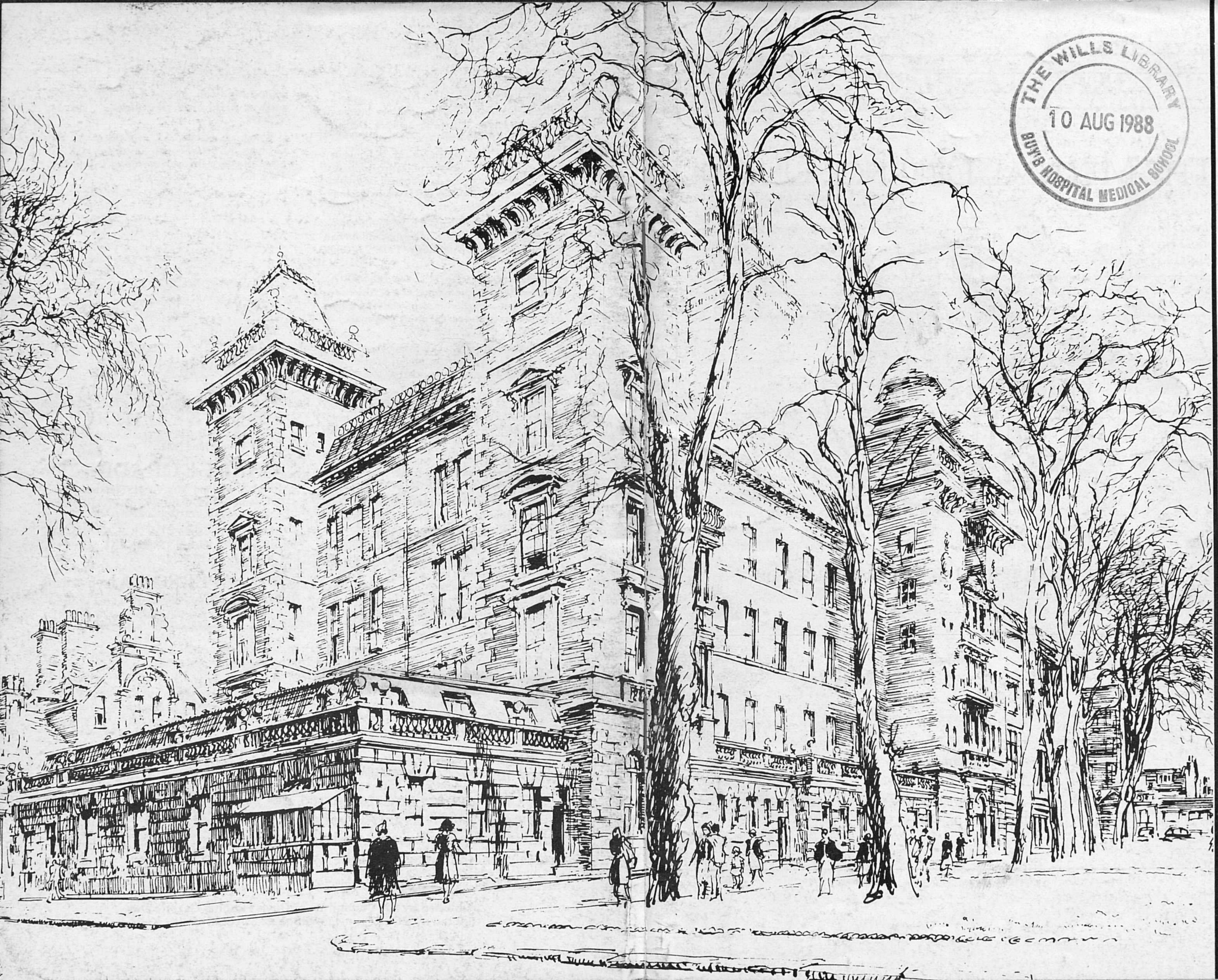

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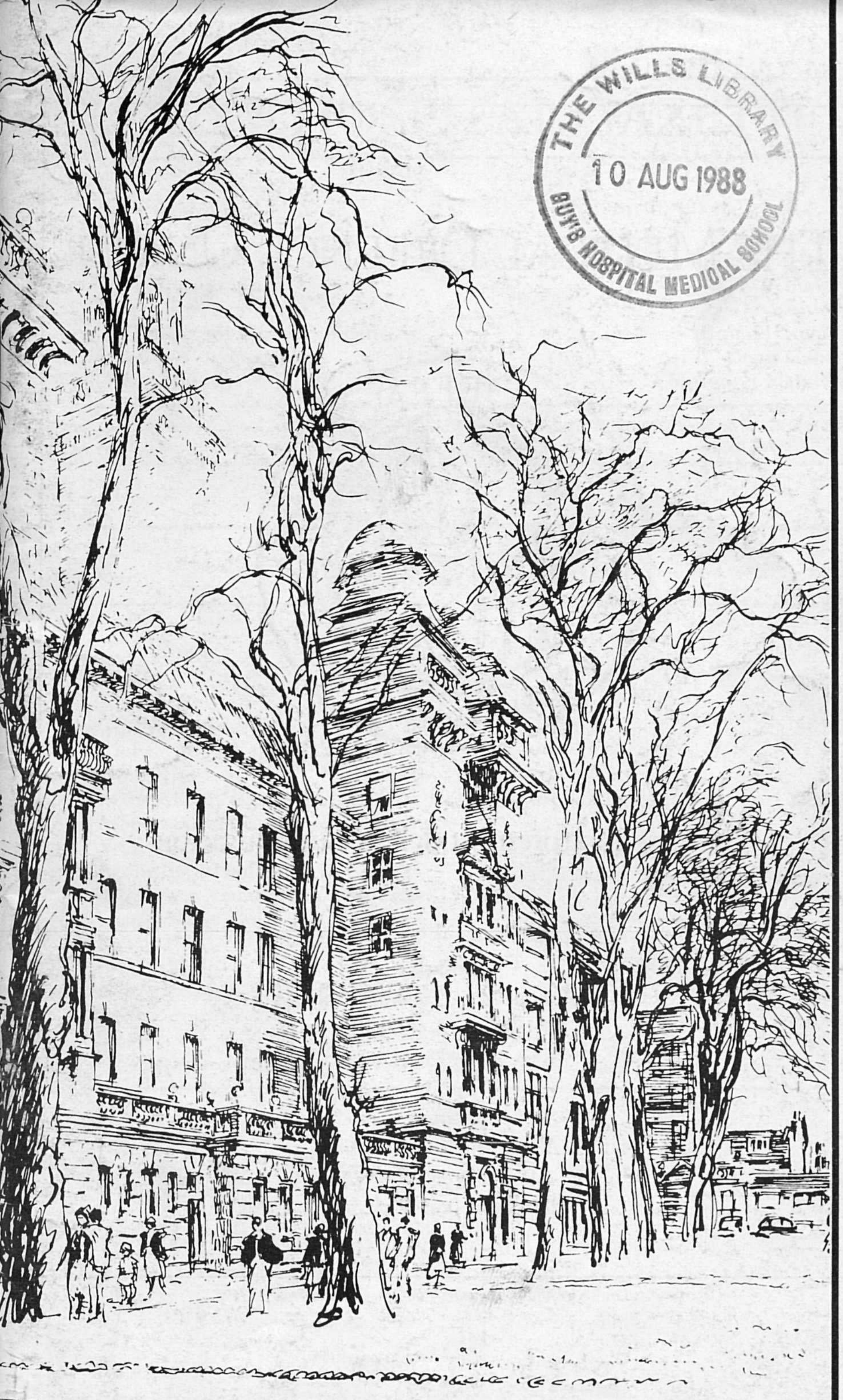

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GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Guy's

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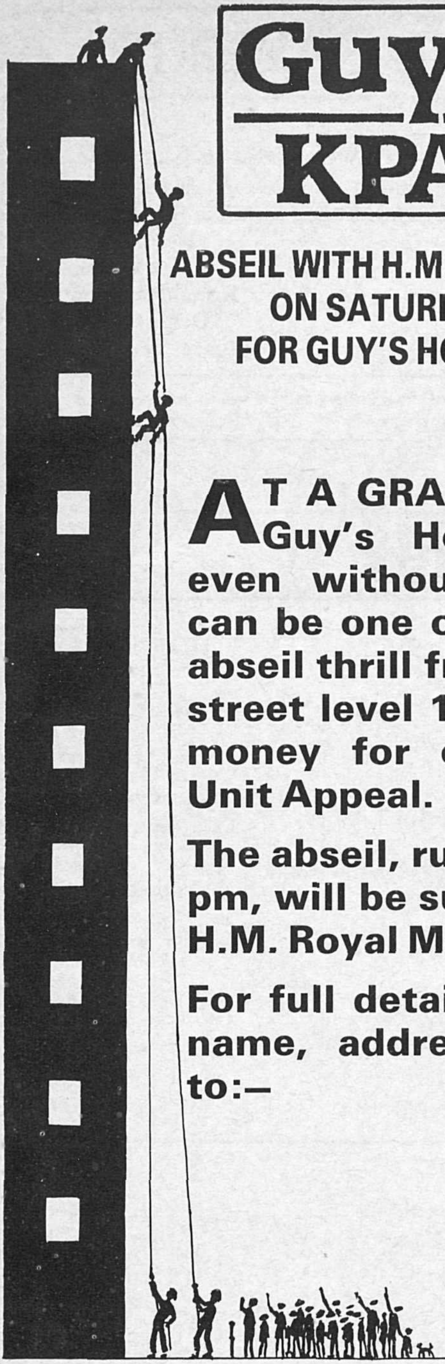

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Passim

July is traditionally a month for recovering from the rigours of recent examinations. Students at Guy's are, of course, no exception. For clinical students finals are not the only form of assessment to which they are exposed, since they also have to perform well in the sign-up system, which has been the subject of so much debate in these columns over recent years. But a preclinical student's performance is still assessed almost exclusively on the basis of his or her results in three-hour, end-of-year, write-down-everything-you-know-about-the-knee-joint type exams. These are very stressful, they ascribe a definite value to a year's work on the basis of a 'snapshot' taken on a particular day, and their results can be distorted enormously by the last-minute cramming of information which will be completely forgotten one week later. So what are the powerful advantages that they must surely have if they are relied upon so heavily as a means of assessment?

The answer, I would argue, is none. End-of-year exams test a peculiar type of short-term recall that has almost no application elsewhere in life. By requiring the regurgitation of a large body of information at a particular time known well in advance, they totally ignore the fact that the most useful form of knowledge is that which has been carefully assimilated over a long period, which can then be recalled and applied at any time without need of prior warning. Indeed, a good test of the value of preclinical exam results would be to make a sample of second-year students sit again their first-year exams without notice. One would then be able to discriminate between those facts which had been crammed for the original exams, and subsequently forgotten, and the more ingrained knowledge which had survived for a further year. I think that the results of such an exercise would probably mirror quite closely the results which would have been achieved if the same students had been continuously assessed during their course. That is, the courses which the candidates had found most interesting, for which they had worked most consistently, and for which they might have expected to get the best continuous-assessment marks, would also be those for which they would score most highly in the examination second time around.

Another failing of all-or-nothing exams is that they require you to commit to memory information which any thinking adult would safely leave unlearned, in the knowledge that he would know where to look it up if the need arose. (Einstein is said to have steadfastly applied this principle in refusing to learn the telephone number of anyone whom he might want to ring, but that may be taking things too far.) Surely project work, which requires original thought but which allows access to works of reference in a normal manner, is much to be preferred as a means of assessing both a student's knowledge and his or her powers of analytical thought. This is already incorporated to a limited extent in the preclinical medical course, but the marks awarded for projects represent far too low a percentage of the total year mark for them to be approached with the seriousness they deserve. In fact, one terrible irony is that many people neglect projects because they are worried about their examination revision. That this may very well represent a logical allocation by them of their scarce free time is a scandal, and one that will only be avoided when project work is seen as more important by examiners.

If, say, 50% of the year mark were awarded on the basis of three one-term projects, this would have a number of benefits. First, it would encourage greater independence of thought – at present too much preclinical material is taught and learned in an uncritical fashion. This may be all right for A-level studies but a university education ought to offer something more than writing down everything the lecturer says and trying to commit it to memory. Secondly, it would encourage people to work steadily through the year, by awarding credit to them for so doing. In this way it would tackle two existing problems: some students don't realize that they've done too little work until the last few weeks of the course; others work consistently well but do not cope well with the stress of exams, and thus do not gain the recognition for their efforts which they deserve.

A third benefit of project work is that discussion of shared problems with one's colleagues is one of the best possible ways of learning. This is already recognized by many tutors, who instead of viewing tutorials as further mini-lectures, actually try to encourage discussion among their students. By presenting groups of students with common shared tasks, projects encourage this sort of learning to the full.

The most important benefit, however, is that project work is so much more like real life. It tests a wider and more relevant range of skills than do formal exams. Imagination, organization, application, leadership and teamwork are all surely far more important aspects of medical (or any other) work than short-term memory, writing speed and 'viva veneer'.

Issues like these have already been addressed in the design of the new clinical course (see *Gazette*, June 1988), and they have doubtless been discussed at great length with respect to the preclinical course as well. All that would be needed to encourage project work would be the allocation of a large proportion of the marks to it. Good, let's start next year – or can someone explain where the problem lies?

News in Brief

The Tower Suite

There will once again be private practice at Guy's from the second week in August, when the new Tower Suite is opened on the 16th floor. This will be a sixteen-bedded ward. Apparently a price list is available from Maggie Smith at Guy's, on extension 2349.

New Chaplain

Guy's has a new hospital chaplain, Neville Smith, who joins us from a post at the Hospital Chaplancies Council of the General Synod. He has previously worked at Addenbrooke's in Cambridge and at Lancaster Moor Hospital.

St Thomas's Summer Ball

Our association with our 'brothers down the river' means that we shall from time to time be featuring news of happenings at St Thomas's. Our correspondent slipped into something long and flowing – her ballgown, not the Thames – and filed this report.

St Thomas's Summer Ball (a.k.a. the annual debs' party) was once again a great sucess. Held at Cobham, the event combined in one evening the atmosphere of a funfair, beer festival and glittering fashion parade with the security presence of Fort Knox. Since the

ST. THOMAS'S HOSPITAL
Summer Ball

Mmm . . . Pretty tasty (*Photo:* Ron Simon)

ball was heralded as 'uncrashable', it required a highly-visible security operation, and although I managed to avoid being frisked each of us was 'branded' on entry. But what was the significance of the red bands for women and the yellow for men? Was it just a break from the traditional blue/pink sex role colours (*guess who's just passed her sociology exam – Ed.*), or was it possibly an attempt by the security guards to identify potential scarlet ladies?

The air was full of romance and alcohol vapour, and both remained freely available all night. The carnival atmosphere had a hint of the Wild West about it, and several of the brave at heart – or merely foolhardly – were tempted to try their hands (or should it be bottoms) on the Bucking Bronco.

The music was excellent: there were St Thomas's very own Black Lobsters, and appearances from Dr Feelgood, Gino Washington and the Ram Jam Band. As at our own Snowflake Ball, there was a casino, although on this occasion no one was tempted to wager his shirt. Still, it was a St Thomas's ball, after all.

The hot air balloon did manage to leave the ground, but certainly did not journey where no man has gone before. While on the subject of virgin territority, much fun was had on the air-filled bouncy castle, where there was a continuous melée of sweaty hands and slipping dresses. It looked quite entertaining but I didn't feel that my role of investigative reporter warranted an exposé of that magnitude.

As usual, the funfair served to bring out the worst in ballgoers' characters. On the dodgems there was an undignified battle to claim cars, which became intensified once they started in motion. For some reason, several comments were passed about the lady drivers, particularly those from Guy's. I can't imagine why, but if the man with the fractured tibia cares to get in touch with my solicitor we'll see if we can't settle something. The big wheel and the swings defied both gravity and several firmly-held resolutions not to be sick.

Finally – at any rate, as far as this correspondent was concerned – dawn broke, and with it a lot of people's stamina. Those who remained were rewarded with magnificent sights (bare backsides) and sounds (the lone trumpeter), both from the top of the marquee.

It would be superfluous to say that we enjoyed ourselves, and one can only hope that the *Gazette* will be carrying reports of an equally successsful summer ball hosted by Guy's.

The Howard Rogers Pharmacy

On Friday 8 July the new Howard Rogers Pharmacy, on the 8th floor of New Guy's House, was formally opened before an audience of invited guests by Mrs Moira Rogers, widow of the late Professor Howards Rogers. (See *Guy's Gazette*, May 1987 for an obituary.) Mrs Rogers was welcomed by Professor Rubens, Director of the Imperial Cancer Research Fund Clinical Oncology Unit, and was accompanied by her three daughters and by her parents-in-law.

Professor Rubens pointed out that the current Howard Rogers Pharmacy is a modest beginning – a new, larger pharmacy will be built in the Oncology Department as part of Phase III. The relationship between the pharmacy and the Oncology Department reflects the special interest Professor Rogers showed in the properties of anti-cancer drugs.

Moira Rogers spoke movingly of her late husband's life and work. She drew particular attention to his self-discipline and determination, qualities which he managed to combine with a compassionate and sensitive nature. (*See photo opposite.*)

The Final Year Ball

The annual Final Year Ball came round again for the 1982–83 medical intake and was held in the Elizabeth Suite in Barrington House near Moorgate. This turned out to be an excellent choice of venue by Gerry Skailes and Martin Fisher. There was to be no buffet this time. Instead, a sherry reception preceded a formal meal with a menu of chicken soup, delicious beef steak and then profiteroles. Dinner was pleasantly accompanied by a chamber orchestra and was followed by a toast given by Mr Chapman and an entertaining after-dinner speech by Dr Gordon Jackson.

Music was supplied by 'The Ya Ya's'. They were a lot better than the name suggests and played some good dance music, but were not impressed when Barry forgot their sandwiches and Jim dropped their beers on the floor.

Paul Halliwell and Mick Fairfield came out of retirement to take control of Plasma for perhaps the last time and we all danced the night away. Come 2 o'clock, the bar staff were a touch over zealous to clear away our glasses and the lights finally went out at 2.30 am. The evening was certainly a very enjoyable way to end five years at Guy's.

Many thanks to Gerry, Martin and Jonathan for the organization, to Plasma for the music, to Gunita for the breakfast and to all the members of staff and their partners for supporting us.

Kirstie Gibson

The Nurses' Ball 1988

This year's Nurses' Ball was held at the Grosvenor House Hotel on Park Lane. Having attended many Guy's balls in the past, I was a little worried that this would be just another boys' night out. How wrong could I be?

First, it was cheap. for only £12 one could enjoy an excellent meal with four bottles of not-so-excellent wine. Of course the bar prices were high, but they still compare well with those down at HOP.

Mrs Moira Rogers (*right*) **with her three daughters and parents-in-law.** (*Photo* Ron Simon)

Secondly, the ball was by invitation only, and as tickets were only issued to nurses there was a very wide spectrum of people present, ranging from obstetrics registrars to midwives and bricklayers. It was good to see some of the usual faces there, although the number of medics present at the start was low. It definitely seemed to rise later on, though.

The music was continuous from 8 pm until 3 am, and was good, with the three (or was it four?) bands providing everybody with an opportunity to dance according to their taste.

With each ticket came ten gaming chips for the casino, but they didn't last long, especially on the blackjack table. On one occasion the dealer had seven successive 21's.

Another excellent feature of the Nurses' Ball was the length of the speech given by the Guest of Honour. Mr Eddie 'the eagle' Rowe spoke for exactly 3 minutes 29 seconds!

All in all the Nurses' Ball is to be recommended. The only problem is getting a ticket, and for that you need a nurse!

Interview with Mr Ian Fentiman

The interview with Mr Ian Fentiman, Deputy Director of the Imperial Cancer Research Fund Breast Unit at Guy's, which we announced in the June issue of the *Gazette*, will now be published in September.

Guy's Kidney Patients' Association £1 Million Appeal

The Kidney Patients' Association of Guy's Hospital is pledged to raise £1 million towards the cost of the new renal unit to be built as part of Phase III. Friday 16 September 1988 will be the date for the public launch of its Appeal for this sum. The event is to be held in Paternoster Square adjacent to St Paul's Cathedral.

Humphrey Lyttleton and his band have generously agreed to give a jazz concert to set the scene. This will run from 12.15 pm to 1.00 pm and again from 1.15 pm to 2 pm.

It is hoped that patrons, including Lord Diamond, Sir Gerard Vaughan MP, former paediatric consultant at Guy's, and Mr. Robert Dunn, MP for Dartford, will be present, together with consultants and staff from the renal unit. An information pack giving details of the appeal and inviting support for it will be distributed to all City strollers stopping by to enjoy the music.

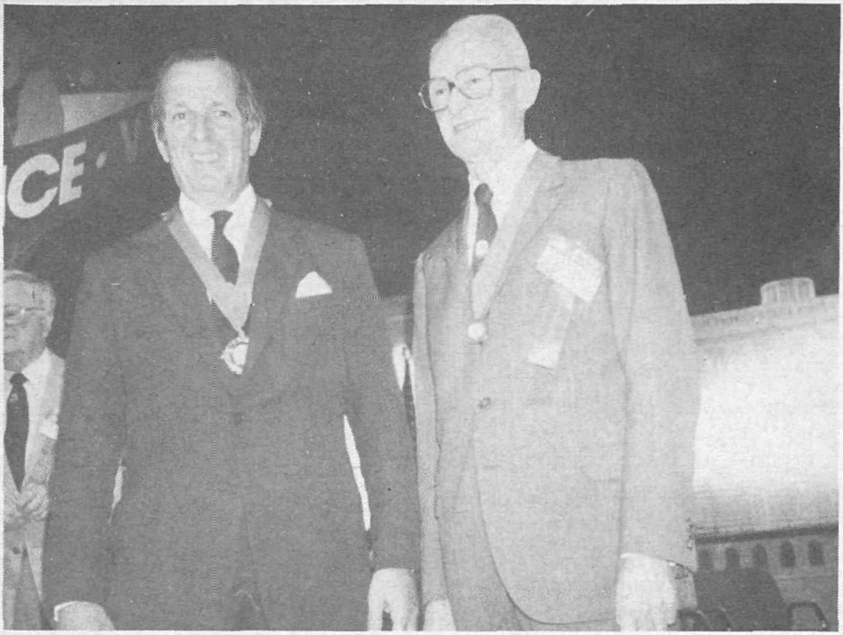
The following day, Saturday 17 September, will see probably the largest fete held at Guy's for some years. This will run from 12 noon to 6 pm. The centre piece of the fete will be the abseil facility mounted and supervised by HM Royal Marine Commandos. 200 members of the public will abseil non-stop from the roof of New Guy's House to Great Maze Pond 100 feet below and will be raising a minimum of £100 each in sponsorship. All profits from the fete will be devoted to the Guy's KPA £1m Appeal Fund.

Guy's Gazette readers are asked to come to the fete and invite their friends to do so too. It promises to be a thoroughly enjoyable family occasion with plenty of things to see and do, especially for younger members of the family.

Alec Schwartz

Top Gas-man from Guy's

Dr John Zorab (Guy's 1951–1956), is pictured (left of photo) after his installation as President of the World Federation of the Societies of Anaesthesiologists on May 27th 1988 at the World Congress of Anaesthesiologists in Washington, DC. With Dr Zorab is his predecessor, Dr Carlos Parsloe from Brazil. Dr Zorab, who is a consultant anaesthetist at Frenchay Hospital, Bristol, is one of the most distinguished international anaesthetists. He was formerly Honorary Secretary of the World Federation (1980–1988). Dr Zorab was a Resident Anaesthetist to Guy's Hospital. (*Photo opposite:* Dr Penelope B Hewitt)



Dental Staff and Student Golf Day

The annual Dental golf day took place this year at the Royal Cinque Ports Golf Club in Deal, Kent. It was very well supported with 10 students and 13 Staff, which considering the distance from Guy's was an excellent number. The weather could only be described as superb and the course was as usual in beautiful condition. However a number of players found the rough to be very formidable and quite a few lost more than their share of golf balls.

After the day's golf we were all very kindly entertained at Professor and Mrs Rowe's cottage with the prizes being presented by Mrs Rowe. The MacDonald Cup was won by J McHugh with a fine round collecting 37 points, with J D Haworth coming second on 33 points, on countback from R Leeburn and J Clarke who had the same score. The Robinson Cup which can only be won by members of staff with a handicap of 18 and above was won by Dr J Radford with a good round of 35 points. Second was Dr S Challacombe, a previous winner. As J McHugh had won already, the students' prize was won by C Redman with 35 points. P Price came in much to his surprise a worthy second.

JDH

Guy's Kidney Patients' Association

GRAND FETE

Saturday 17 September 1988

12 noon till 6 pm

Do

Non-stop abseiling from the roof of New Guy's House with HM Royal Marine Commandos.

Bouncing castle · Marathon swim · Steam traction engine rides · Swingboats · Coconut and crockery shies · Lucky dip · Roll-a-penny.

Watch

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Cakes · Plants · Books · Bottle stall · Knitted goods · White elephant · Nearly new · Pickles and Jams · Fruit and veg.

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Hamburgers · Jacket potatoes · Ice cream · Popcorn · Candy floss · Drinks.

All in the grounds of Guy's Hospital. In aid of Guy's new kidney unit appeal.

Correspondence

Gazette covers

Dear Sir,

While I quite agree with Mr Grasby that the cartoon printed on the cover of the April issue of the *Gazette* would have been better inside, I welcomed the move to give up the old cover. Surely the drawing of the Park that appeared on the June issue is a sheer delight to most old Guy's men and women.

Yours faithfully,

RONALD E LANE,
Professor Emeritus,
3 Daylesford Road,
Cheadle,
Cheshire SK8 1LE

Pre-printed hospital notes

Dear Sir,

I was very interested to read the article *On Starting Clinical Studies* (N Volaemia, *Guy's Hospital Gazette*, June 1988). As a clinical medical student of only one year's standing I can remember well my own reacttions to confronting patients, notes and the long-established *modus operandi* of 'clerking'. At first my opinions as to how things should and should not be done changed almost daily. Frequently I could not see the point of various routines. However, with a little experience I have learnt that there are good reasons for some of these traditions and that I may come to understand the value of others with even more time.

Like Norma Volaemia I am frequently appalled by the state of hospital notes. However, I do not think that students' notes should be written on a pre-printed form, as I have come to realize that neither a history nor an examination is a passive collection of data. Rather, they represent an attempt to formulate a diagnosis or diagnoses by searching for supportive and confounding evidence relating to a number of hypotheses. In this respect, conducting a medical examination is more comparable to a scientist performing an experiment than to a pilot going through a pre-flight checklist. The student who merely notes on a checklist 'JVP not raised' may well be missing the implication of such a finding in someone complaining of, say, shortness of breath. Norma Volaemia is concerned not to forget 'important' questions but questions and observations are only important if their significance is appreciated. I believe that pre-printed notes are only useful in very specialized situations in Medicine, and I have seen them used efficiently in this fashion in a breast lump clinic. In any other context a list of questions that might be relevant would be far too long to insert into the notes every time the patient is 'clerked'.

There is an area in which I think that patients' notes could be greatly improved. The recording of the results of laboratory tests is frequently very casual. How much time is wasted in trying to find out if and when a particular test was done? Are the results in the text of the notes or stuck somewhere at the back, or are they still sitting in a large pile of unfiled results in a clip on the ward? Surely it would not be prohibitively expensive for each ward to be equipped with a computer terminal linked to the various laboratories where results could be fed in directly? The renal unit already has such a system and I am assured that it saves a great deal of time. It may also cut down on the number of unnecessary repetitions of tests. Sensitive tests, such as HIV status, could be handled separately for reasons of confidentiality. When the patient is discharged a complete set of the results of his or her laboratory investigations could be printed and inserted into the notes. Can someone tell me where the difficulty lies?

Yours faithfully,

MARK SOPHER,
Boland House

On Matrons

Dear Sir,

Denis Cobell is right. Nursing has altered a lot. The Matrons have been buried and cheap cynical jokes are used against them by those who are ignorant of their dedication.

Has Cobell never heard of Emily McManus?

Yours faithfully,

W. SHEERAN,
Larchvale,
Craan,
Craanford,
Gorey,
Co Wexford

A question of sport

Dear Sir,

I read with interest the interview with John Rees in the last issue of the *Gazette*. I wonder if there is to be greater opportunity for Wednesday afternoon sporting activity within the new course. I have been at Guy's for four years and during that time we have, for example, gone from fielding two rugby XVs on most term-time Wednesdays to last season playing only five Wednesday games in total.

I view this as regrettable. One might argue that this is due to the ubiquitous apathy in the Guy's student population and I concede that this is, in part, true. The situation is made far worse, however, by teaching staff in both medicine and dentistry, who timetable academic activities for Wednesday afternoons. It has been advised that students wishing to be excused these activities to play sport need only ask permission, but this puts the sportsman or woman at an immediate disadvantage with respect to his or her more sedentary colleagues. It is also likely to deter those not actively involved with a specific club from trying something new.

The current situation as far as I can gather is that preclinical students have Wednesday afternoons free, but for clinical students the outlook is much bleaker: dentists are permitted to join a special sports group which should enable them to have these afternoons free, but this only seems to cater for about a quarter of the students. The rest are frequently unable to excuse themselves from their studies.

Clinical medical students can usually take Wednesday afternoons off but it is seldom actively encour-

aged so to do. Many consultants are loathe to allow free afternoons.

My message is to students to make use of the tremendous sporting facilities that are on offer at Guy's, because you will not be in a similarly privileged position when you qualify. To teaching staff I would say please do not schedule academic activities for Wednesday afternoons. There are frequently other gaps in the timetable, for example Friday afternoons.

I will finish with an extract from a report of the University of London Joint Committee of the Senate and Students' Representative Council, to the Collegiate Council:

'The Committee noted that the Collegiate Council had always supported the policy in the past that Wednesday afternoons be kept free from timetabled activities so that sports activities could take place.'

Yours faithfully,

C E BEARDMORE
Boland House,
Guy's Hospital

GRACE

Dear Sir,

I would be grateful if the enclosed photograph (*above*) could be included in the next edition of the *Gazette*. It shows the presentation of a cheque for £1,000 by Sir Peter Imbert, the Metropolitan Police Commissioner, to Miss Hilary Burrin, acting for GRACE. (Miss Burrin is currently a third year dental student at Guy's.)

Yours faithfully,

DR GRAHAM PICTON DAVIES,
Farthings,
Reading Road North,
Fleet, Hants GU13 8HS

A Christian remedy

Dear Sir,

It was cheering to read (*Gazette*, June 1988, p251) that Guy's Christian Union is still alive and well. I wonder whether doctors now spend too much time and effort in 'prolonging physical life' and too little in studying the basic reasons for human disease?

A paraphrase of one of Jesus' questions (Mark 8:36–37) came to mind. 'What shall it profit a man if he shall live an extra ten years with someone else's kidney, and lose his own soul?'. Elsewhere (Ezekiel 18:4), He gave a clear diagnosis of human disease, as well as offering a very simple and very effective, cure (John 11:25–26). Human beings tend to favour complicated treatment for their illnesses and so risk missing the cure (2 Kings 5:10–14).

Yours faithfully,

DR T H S BURNS,
27 Riverbank Road,
Ramsey,
Isle of Man

Mr R E Rix

Dear Sir,

It would be hard to improve on Jack and Alan's excellent tribute to Mr R Ernest Rix (as my generation knew him), who died sadly (for us) but peacefully in April. Perhaps I may be permitted to add a few personal reminiscences, dating back to the pre-war period, when (as R D Plowman recently pointed out) consultants literally gave freely of their time and skills to the hospital.

Mr Rix's profound clinical insight into orthodontic problems was proverbial: when he pronounced, 'It'll stay' one knew that the end result of a difficult course of treatment would be stable, provided of course that it was carried out on the lines laid down by 'The Master'.

One also remembers his boundless patience – for example, with some zealous but insensitive student, who might accost him at the end of a long and exhausting morning (RER being already late for his brief sandwich lunch), with a question which perhaps called for a detailed reply.

Yet, with all his learning, he was cheerfully philosophical. In later years, his humorous practice motto, 'Six o'clock must come', not only sustained others besides himself, but revealed a little of what it all cost him.

I join many others in counting it a great privilege to have been in contact with him, and to have had the opportunity of learning so much from him, both of orthodontics and of the conduct of life itself. His family's loss is shared by a much wider company of Guy's people.

Yours faithfully,

E K BREAKSPEAR,
182 White Road,
Quinton,
Birmingham B32 2SY

Reunion dinner

Dear Sir,

A reunion dinner for Guy's medical men who qualified in 1945 is to be held at the Royal Society of Medicine on Friday, 11 November 1988.

I think that I have written to all likely to be interested, but if I have inadvertently omitted anyone, or if there are any others in adjacent years who would like to attend, perhaps they will write to me at the address below.

So far some thirty have indicated that they hope to be present.

Yours faithfully,

DR D J MORTON,
19 Highfield Road,
North Berwick,
East Lothian,
EH39 4BW

Clubs' Union News

There has not been much to report in the last month. Hops have continued as usual although, due to improved security arrangments, there seems to have been less trouble from outsiders. All that is needed now is an improvment in the behaviour of several students who appear to be interested only in disrupting other people's fun. I think people are becoming less tolerent of such behaviour and the problem will soon resolve itself (thank you, Mr Banting).

Other than the hops, there has been little for the Union to organize for this term. Freshers' Week preparations are well in hand, including two UMDS events. The Snowflake Ball is all planned for November – details next term.

Two notable June events were the Physios' Ball and the St Thomas' Ball, neither of which were organised by the Clubs Union but both of which I was lucky enough to attend. It is hoped that we may come up with something along the same lines as Thommies next year, either at HOP or Cobham – we will have to see.

Stuart Millar

Obituaries

Mrs Vivien Blaikley (1904–1988)

Vivien Blaikley died on 20th May, 1988 after a brief illness. She was the widow of John Blaikley, FRCS, FRCOG, Consultant Obstetrician and Gynaecologist and Superintendent of Guy's from 1956–1967.

To the many Guy's men and women who knew her, Vivien was a very special person. She was born on 21 November, 1904, and qualified as a SRN from Guy's. In April, 1932, she married John. They had two sons Bruce and Ian. Throughout her married life she was a pillar of strength to her husband and family. She took a keen interest and participated in every aspect of hospital life.

The lot of the junior consultant obstetrician in those days was no sinecure. It was a condition of employment that he lived in No 9, St Thomas Street to be readily available for any emergency which might arise. No 9 was an inconvenient, uncomfortable terraced house and Vivien used to describe graphically how, heavily pregnant, she used to watch the rats running along the exposed pipework while she took her bath.

Living in the Superintendent's House – next to the Chapel (now administrative officies) – was little better. The only time there was any warmth from the central heating was when it was turned off in the rest of the hospital. In consequence, it was cold in the winter and hot in the summer. Vivien had very definite ideas as to where her duty lay, however, and, whatever the hardship, she loyally supported her husband. It was a great joy to a couple so dedicated to Guy's that one of their grandchildren, Andrew, followed in the family tradition and qualified in medicine at the hospital.

She was a gentle, compassionate person, willing to give a hand, usually unobtrusively, wherever it was needed. A staunch supporter of the Nurses League and Friends of Guy's Hospital she served for many years on the Council of the former as treasurer and on the executive of the latter. She was a vice–president of both.

Latterly she helped in the flower shop, an activity which gave her tremendous pleasure because it enabled her to maintain contact with her many friends. She was the epitome of the Guy's motto and a living example of how much better it is to give, than to receive.

MEH and PJH

Thomas McKeown

Thomas McKeown, Professor of Social Medicine at Birmingham University and an international figure in epidemiology died on June 13 aged 75.

He graduated with a BA from British Columbia before coming to Britian. By the age of 25 he had been awarded two docterates (from McGill and Oxford). He then came to Guy's and qualified in medicine in 1941. He remained at the hospital for a few years as a demonstrator in physiology, with a special interest in reproductive physiology. Like the other brilliant Guy's men E H Starling and Sir Frederick Gowland Hopkins, he was to carry out his most important work only after leaving Guy's.

In 1945 he took up the newly created chair in Social Medicine at Birmingham.

Tracing patterns of morbidity over the past century, he demonstrated that the improvments in health over this time were not primarily a result of medical technological miracles, but owed more to the wider improvments in the economy, diet, social and working conditions and to public health engineering. In McKeown's classic work, *The Rôle of Medicine* (1976), he argued that set against its own curative impotence, medicine must not try to create health, but aim to 'assist us to come safely into the world and comfortably out of it, and during life to protect the well and care for the sick and disabled.' The full implications of this simple statement have yet to be realised by the National Health Service in the care it offers to the chronically sick, the elderly, the mentally ill, mentally handicapped and the physically handicapped.

A Taghizadeh

Readers may be interested in the advertisement below, which was originally published in the London University Gazette of 1921.

Guy's Hospital Medical School.

The Hospital, which is situated two minutes' walk from London Bridge, contains 644 beds.

Students are appointed to Dresserships and Clerkships in the Wards and Out-Patient Departments on the first day of January, April, July, and October. All Students hold the following posts *in turn*: *Medical Ward Clerk*, *Assistant Surgeon's Dresser*, *Post-mortem Clerk*, *Surgeon's Dresser*, *Dresser* in a group of *Special Departments*, *Obstetric Dresser* and *Extern Obstetric Assistant*. Numerous other posts are open for application.

The Medical School Buildings have all been erected or rebuilt since 1904, the Department of Anatomy in 1904, of Biology in 1905, of Physiology in 1910, of Chemistry in 1910, of Physics in 1910, and of Pathology in 1912. The Wills Library was presented in 1903, the Gordon Museum in 1905.

The Students' Club and Residential College were erected in 1890. The Club contains reading, dining, and smoking rooms, while the College affords accommodation for about 60 Students, who may be summoned to the Wards at any hour of the day or night.

Adjoining the Club are the Pavy Gymnasium, a covered swimming bath, and a squash racquet court. The Athletic Ground, of nine acres, is situated at Honor Oak Park, distant about 15 minutes by train.

FEES AND COURSES.

FIRST YEAR—For Preliminary Science Course: £22 8*s*. for 12 months or less period, deducted from the Entrance Fee payable as a Second Year's Student. A special fee of £6 13*s*. 4*d*. is charged for materials for this course.

SECOND OR THIRD YEAR (after First M.B.): Entrance Fee, £28. Annual composition fee, £49, including all necessary materials.

FOURTH YEAR (after Second M.B.): Entrance Fee, 10 Guineas. Annual composition fee, 35 Guineas, including all necessary materials.

Provided a Student has paid three annual composition fees, a proportionate rebate will be allowed from the last on his obtaining an approved qualification at any time within nine months of the last payment.

Entrance Scholarships to the value of £500 are awarded annually in September.

For further particulars, and permission to be conducted over the School Buildings, application should be made to

THE DEAN, GUY'S HOSPITAL, S.E. 1.

In the Allergy Chair – an interview with Professor Tak Lee

Earlier this year Guy's achieved the distinction of becoming the first research centre in the country to have a specialist department devoted to the study of allergy. In the new Chair of Allergy and Allied Respiratory Disorders is Professor Tak Lee, who at a youthful-looking 37 must surely be one of the youngest professors of medicine around.

The new chair is funded by the Asthma Research Council, which had been looking for a way of commemorating this, its jubilee year.

'There is very little money available from the government for the study of allergy and asthma in this country', says Professor Lee. 'The ARC provides far more than any other source. They decided to celebrate their jubilee by funding a new department and chair in allergy, and invited bids from interested centres via a national advertising campaign. Guy's won principally because of the longstanding interest in allergy at the hospital. Professor Lessof has been running an allergy clinic at Guy's for more than ten years. In addition, we have a large existing research effort into allergy – there are over twenty people researching into various aspects of allergy here.'

Once the decision to award the department to Guy's had been made, the hunt was on for a person to fill the chair. Again, the post was advertised nationally. Dr Lee had been working on allergy and asthma for eight years, the last three of them at Guy's as a senior lecturer. What effect will his appointment have?

'The most important thing is that it means that allergy is now recognized as a serious problem in this country. It is estimated that one in six people have some form of allergy. In the past, it has been very neglected by the National Health Service, which has led to the formation of a number of private allergy clinics. While some of these are undoubtedly good, a great number of them are a waste of time and money. This was demonstrated by Professor Lessof, who sent hairs from different patients to a number of clinics, asking them to advise which patients had allergies and which didn't. The results were very bad, with some clinics wrongly diagnosing some patients as having allergic problems, and completely missing others who had genuine allergies.

'Now, at last, allergy is being taken more seriously within the NHS. A further boost came from the Royal College of Physicians, whose sub-committee recently recommended that there should be an increase in the number of training posts in allergy and clinical immunology. Although interest in conditions like AIDS has obviously helped to motivate this recommendation, I think that it also signals an increasing recognition of allergy. The training they have in mind will take place at senior registrar level.'

This recognition of allergy as a problem in need of urgent attention has certainly struck a chord with patients at large. Since news of his appointment was announced in the national media, Professor Lee has been inundated with letters from allergy sufferers, many of whom face great difficulty in obtaining adequate treatment within the NHS.

'And one ought to remember', reminds Lee, 'that allergy can be a very serious condition. It can range from mild allergic reactions to anaphylaxis, which is, of course, life-threatening. Bee-keepers, for example, can develop allergy to bee stings through repeated exposure, and then may face anaphylactic shock following a subsequent sting. This is especially serious to them, because unless we can desensitize them, they are at risk of dying. Or, very rarely, there are patients who may develop anaphylaxis as a response to eating certain foods. I have a patient at present, for example, who, after three weeks of tests, we have identified as being allergic to certain food additives. Now such effects are extremely rare – of the order of about one in 10,000 – so that the chances of someone like this being accurately diagnosed in other than a specialist centre are very slim.'

And what about the effects of the new department on work at Guy's?

'Well, in one sense there won't be any great change. I'm already working here, and I already have 12 people researching into the mechanisms of allergy and asthma. What the extra money – £70,000 per annum – will enable us to do is to expand. I see the role of the new department as threefold: to continue to give excellent service to patients, and if possible to build stronger links with St Thomas's; to improve our understanding of the mechanism of allergy via research; and to teach.'

The teaching of allergy Professor Lee sees as especially important. But is he hoping to see the development of allergy as a specialty in its own right, or simply the promotion of an awareness of allergy among doctors in other specialties?

'I'd like to see allergy develop as a specialty. If you ask me what the advantage of specialist allergy training is, it is this. Allergy can produce effects in an individual in a wide range of organ systems – the skin, the lungs, the eyes, the gastro-intestinal tract, and so on. This can make it difficult for an organ specialist to cope adequately.'

Professor Lee came to study allergy himself through a career in chest medicine. Born in Hong Kong, he moved to England at the age of ten. After graduating from Cambridge, he moved to Guy's for his clinical training, and continued here as what would now be an SHO. There followed spells at the Brompton Hospital, and the National Hospital for Nervous Diseases, before he returned to Guy's to do a rotation as a registrar. When he subsequently returned to the Brompton, his interest in allergy began to develop. This grew during two years at Harvard, and led to a return to Guy's, for a third time, to work with Professor Lessof and Professor Clark.

So what progress does the new Professor of Allergy and Allied Respiratory Disorders hope to make with his new-found research funding?

'My philosophy for research is that you must have a multidisciplinary team. To understand allergy you have to know about genetics, cellular mechanisms, chemical mediators and the clinical manifestations of the disease itself. You need to have an understanding in each of these areas if you are to build a whole picture. We already have a very good group of 12 people working in these areas, and they comprise cellular biologists, biochemists and clinicians. Moreover we will continue to collaborate with other groups in St Thomas's, in the USA and across Europe. One of the nice things about these arrangements is that we all work well together and we share our results. The new money will enable us both to broaden and to deepen our research. We will be recruiting more staff and we will be using recombinant DNA techniques to investigate the molecular mechanisms of allergy.'

We feel sure that *Gazette* readers will wish to join us in wishing Professor Lee every success in his new post.

A Space Adventure for Mole and Ratty

Sensing that things would be quiet at Guy's during the summer, Mole and Ratty turned their attention to interesting things happening nearby. Ratty had head that near his home-in-the-riverbank there was a *Space Programme* – in Tooley Street. So, with his old friend Mole, he set off to investigate.

They arrived at The Space Headquarters (just past the London Dungeon) to be greeted by keen young technicians wearing space suits and, after buying their tickets, were guided up the stairway to the space vehicle on top of its rockets. They settled into their seats and fastened the seat belts, although Ratty had some difficulty with his and had to be helped by a smiling young stewardess. Looking round, in the darkened cabin, they could just make out the other passengers. They mostly seemed to be very young but there was a group of older (and rather bewildered) Japanese in the row behind. Ratty couldn't understand what they were saying, but he thought they were not properly dressed for such an important journey.

After a little while, with the tension gradually mounting, television screens lit up to show the captain of the spacecraft speaking from the flight deck. As he gave the passengers details of the flight plan Mole, who had been restless in his seat, became visibly more excited.

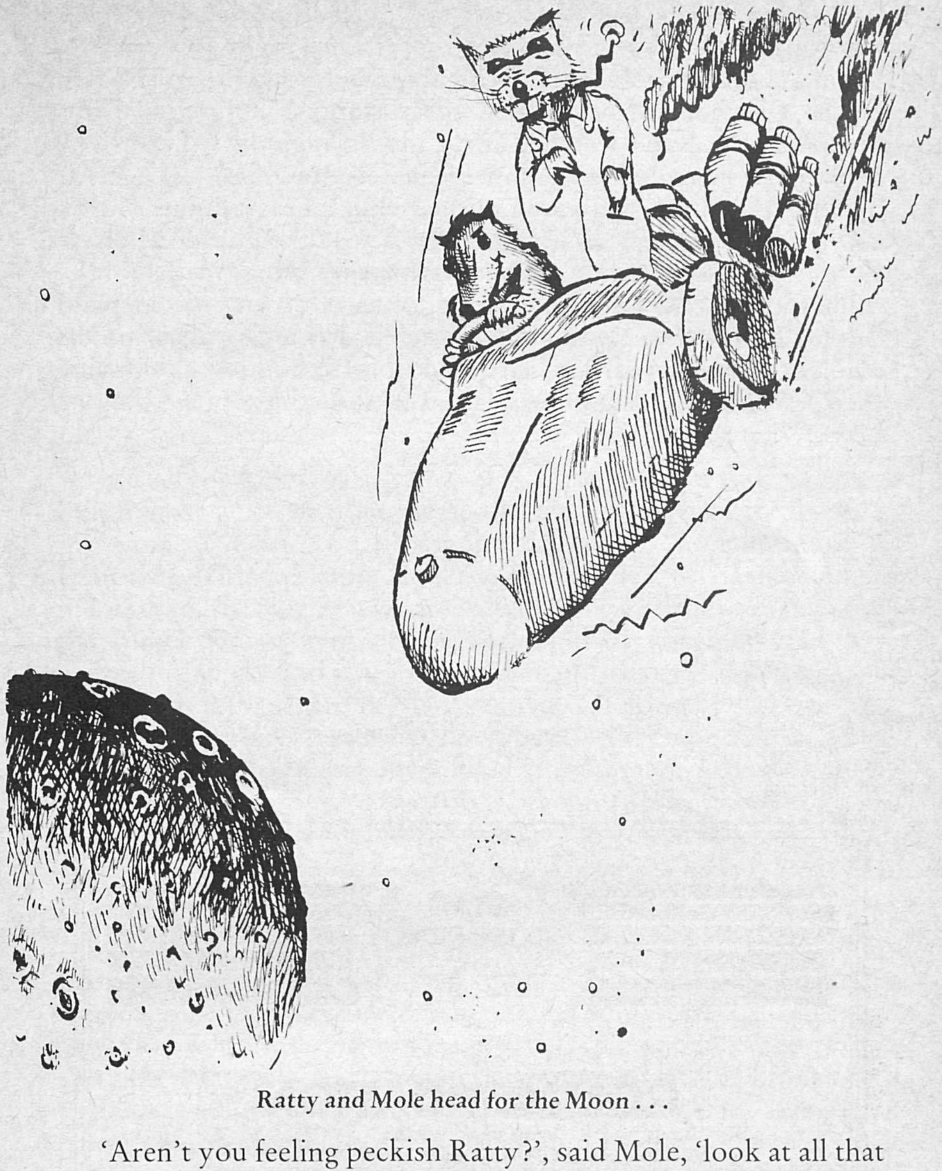
'I say Ratty', he said, 'it will be quite a change for me to be weightless rather than legless!' and he shrieked with laughter. Mole always does enjoy his own jokes.

The captain announced that after a tour around the Moon, the spacecraft would undertake a manoeuvre of *Hyperacceleration* to take it to Mars.

'Mars!' yelled Mole, 'think of all those bars'. Ratty winced and some of the other passengers looked round nervously.

The captain stopped talking and a voice in the background began the countdown. 'Six, five, four . . .' Mole gripped his seat, almost incontinent with delight, 'three, two, one . . .' and with a roar of the engines the pressure of the back of the seat told them they were off into space.

Very quickly the moon became visible through huge windows revealed by the opened heat shield. The craft skimmed over the lunar surface, along valleys, over mountains, around craters.



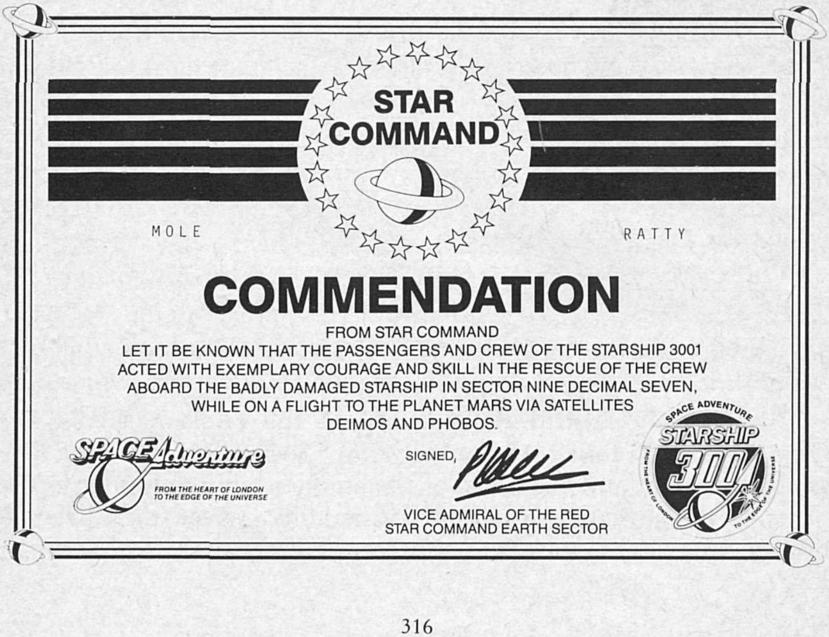
Ratty and Mole head for the Moon . . .

'Aren't you feeling peckish Ratty?', said Mole, 'look at all that cheese'.

Serious, thoughtful Ratty gazed at the pock-marked landscape, it didn't look very appetizing. Soon they had made a complete circuit and the noise of the engines became louder as the thrust of the craft increased and at incredible speed they headed, through vortices of flame, and showers of meteorites, for Mars.

The Martian moons passed rather close to the windows as they approached the planet and then turned right to go around behind it. At this point the captain announced that they were going to the assistance of a stranded space station, immobilized by a meteor storm. Ratty watched anxiously through the window while Mole fell silent (almost unprecedented for him). The tricky docking operation was accomplished with a heavy bump and two survivors were taken on board. The rescuers then headed home to Earth through a terrifying stream of meteors, zapping them if they came too close. Gently, the huge craft came down onto its pad in Tooley Street. Mole and Ratty tottered down the steps into the sunlight and safety of Lewisham and North Southwark clutching their Certificates of Commendation to show how brave they had been. What a day!

. . . and get their award for bravery



STAR COMMAND

MOLE

RATTY

COMMENDATION

FROM STAR COMMAND
LET IT BE KNOWN THAT THE PASSENGERS AND CREW OF THE STARSHIP 3001
ACTED WITH EXEMPLARY COURAGE AND SKILL IN THE RESCUE OF THE CREW
ABOARD THE BADLY DAMAGED STARSHIP IN SECTOR NINE DECIMAL SEVEN,
WHILE ON A FLIGHT TO THE PLANET MARS VIA SATELLITES
DEIMOS AND PHOBOS.

SPACE Adventure
FROM THE HEART OF LONDON
TO THE EDGE OF THE UNIVERSE

SIGNED,

VICE ADMIRAL OF THE RED
STAR COMMAND EARTH SECTOR

SPACE ADVENTURE
STARSHIP
3001
FROM THE HEART OF LONDON
TO THE EDGE OF THE UNIVERSE

View from the top – An interview with Professor Cyril Chantler

Professor Cyril Chantler has recently 'retired' from three years as Chairman of the Board of Management of Guy's. Here we publish an interview with him about his time in the post, what he thinks the Board has achieved in the past three years, and what challenges lie ahead for his successor, Dr Saxton.

Are you pleased to be resigning from the chairmanship of the board?

'Everyone always asks me that question. It's not entirely a question of whether I am pleased to have more time to devote to my clinical work, or disappointed not to be continuing as chairman. The principle underlying the idea of having clinical managers is that their views are valuable because they are managers part-time. The system depends upon their continuing to have clinical, teaching and research involvment. By the same token, the Chairman of the Board of Management will normally wish to hold office for no more than three years, and will then be able to devote more time to other responsibilities. So although I'm not entirely delighted to be giving up the job, I recognize that it is a necessary part of the way the system runs that I should do so.'

But are the skills necessary to be an effective manager similar to those that make someone a good clinician?

'Well, you have to remember that the clinical managers are managers, not administrators. I think it's important for clinicians to recognize that there exist professional administrative skills, and they should learn to acknowledge such skills in others and respect them. It is important for a clinician to understand the limits of his own knowledge – to know what he doesn't know, but a degree of scepticism is useful in such situations, in the same way that consumers are often sceptical of the skills of a variety of professionals. It serves to keep the professional on his or her toes.

'Having said that, I think that the general skills of good management – like leadership and communication skills – are important ones for clinicians, and many clinicians possess them, as indeed do other professionals such as nurses. There are certainly enough management skills present in Guy's to be able to run the clinical directorates successfully. Incidentally, I have been particulary impressed by Sir John Harvey-Jones, who in his autobiography *Making It Happen* describes how he was able to make the transition, at the age of 40, from captaining a submarine, to a successful career in industry. I think that this is analogous with the way in which clinicians can learn to manage directorates effectively, and the lessons that he discusses in his book are important.'

Has the experiment of managing the hospital as a collection of decentralized clinical directorates been a success?

'I think that one can identify successful aspects, yes. The whole hospital seems more cohesive than it did three years ago, its future seems more secure. We have managed to improve the level of service we provide, and I am particulary glad that we have been able to make progress in making it a cleaner, more appealing place to work, stay and visit. We began with a backlogue of refurbishment work estimated at £12 million in 1984, but in the last three years we have managed not only to protect the works department budget but to increase it. This is terribly important if patients visiting the hospital are to have confidence in it – if you arrive in outpatients to find it looking shabby and run-down, what impression will you form of the standard of care you might expect? And we have protected patients to a considerable extent when one considers the spending reductions that have to be made. Last year we treated over 36,000 inpatients which was 10% more than the previous year, while we have lost £7–8 million per annum since 1982.

'But there has been some reduction in the influence of the individual consultants. The clinical voice from the directorates is much stronger in determining the policy of the hospital. We now have to find ways of ensuring that the clinical groups who comprise directorates are given responsibility, authority and accountability for their own efforts.'

But in financial terms, has it been a success?

'Yes it has. We have managed to make the hospital more efficient financially. But you have to be very wary of using financial measures of success. People talk of the necessity to curb over-spending, but it's worth remembering that it's effectively just as bad at the end of the year to be underspent on your budget as overspent, because it means that you haven't treated as many people as you could have done. The National Health Service is a spending service, it exists to spend money, so you can't simply measure it's success by how little it manages to spend. Another point to bear in mind is the very small margins that we have to work to: on a budget of £50 million, a 1% overspend is £500,000, which is a huge sum but a very narrow margin for error.'

What difficulties have there been during your time as Chairman?

'It would have been impossible to lose the number of jobs – 576 – that we did without there having been increased tension, anxiety and even anger at times. That has undoubtedly been one major difficulty. But at least we've broken the 'wagon–train' mentality that prevailed in 1984, before we instituted the new managment system. Then, you had the consultants in one circle of wagons, taking pot-shots at the administrators, who had another circle. The nurses were caught in the crossfire, somewhere in no man's land. Now at least the clinicians, nurses and administrators in one clinical directorate are all riding the same wagon train.

'Another difficulty is in attracting middle managers. The NHS is not renowned as a generous payer of its staff, and being located in the City that makes it hard for us to keep talented middle managers.

'Another problem is to persuade the government to recognize two financial difficulties which threaten the quality of our teaching and medical service. The first is the level of central funding of SIFT (service increment for teaching). This is the amount of extra cost we incur in providing teaching facilities alongside our normal hospital services. At present, the government only funds 75% of the SIFT. It is vital that this is increased to 100% if we are to maintain the quality of our teaching hospital. I refuse to use the expression 'centre of excellence', which I think is arrogant and patronizing, but nevertheless it is very important that we try to maintain as high a standard as possible for our teaching.

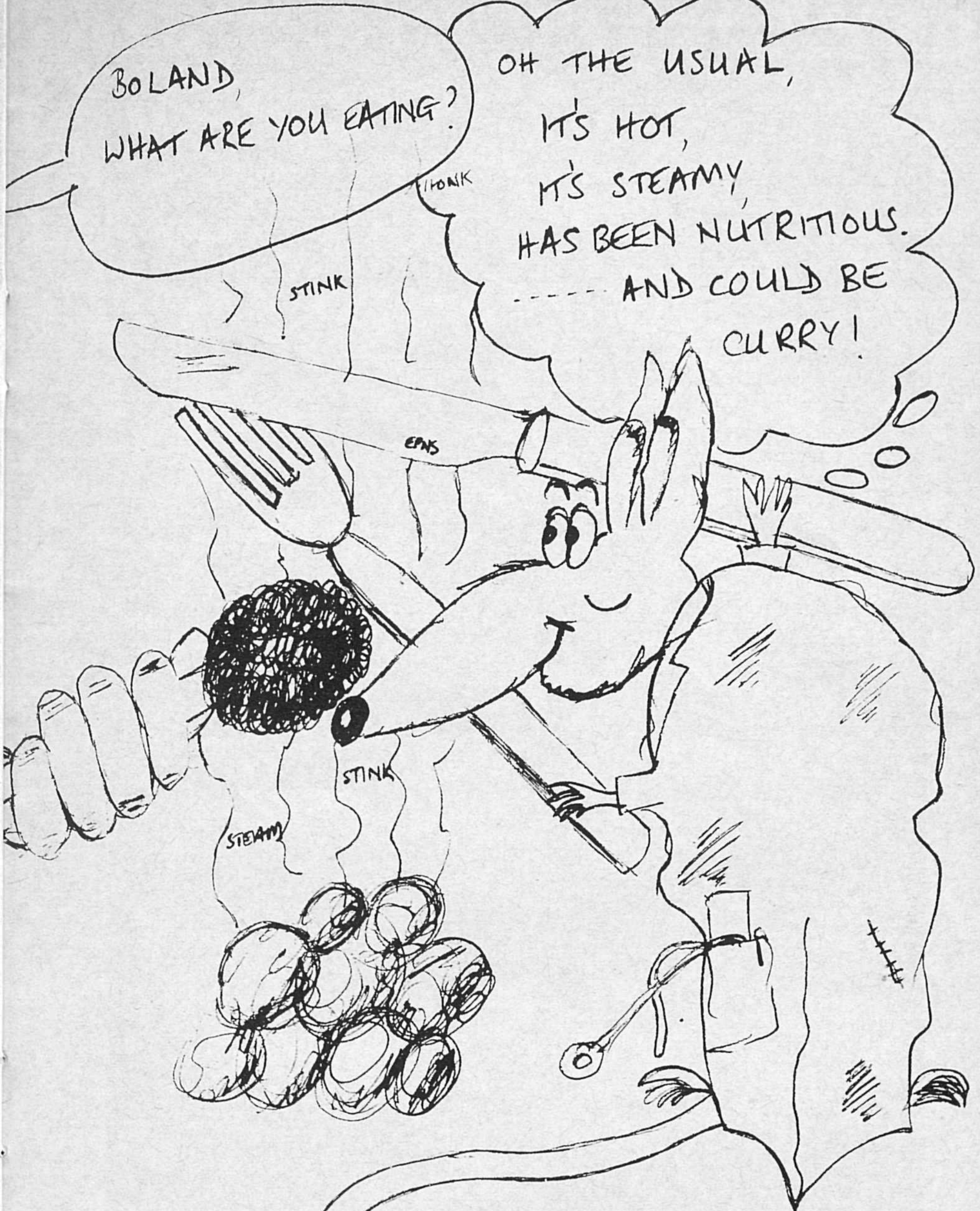
'The other problem is to obtain some recognition from the government of the problems of dealing with inner city deprivation. At present, nearly 30% of the beds in the hospital are effectively blocked by patients, for whom there is no medical reason preventing discharge, but whose social circumstances make it impossible for us to send them home. We must get some sort of assistance in recognition of this fact. But if these two problems can be addressed satisfactorily, then I think we'll be OK financially.'

What are the principal challenges facing your successor, Dr Saxton?

'I think the first problem is to consolidate the progress that we've made. It's always more difficult to hold a position than to take it, and I think it will take a lot of effort if we are to consolidate the achievements of the past three years.

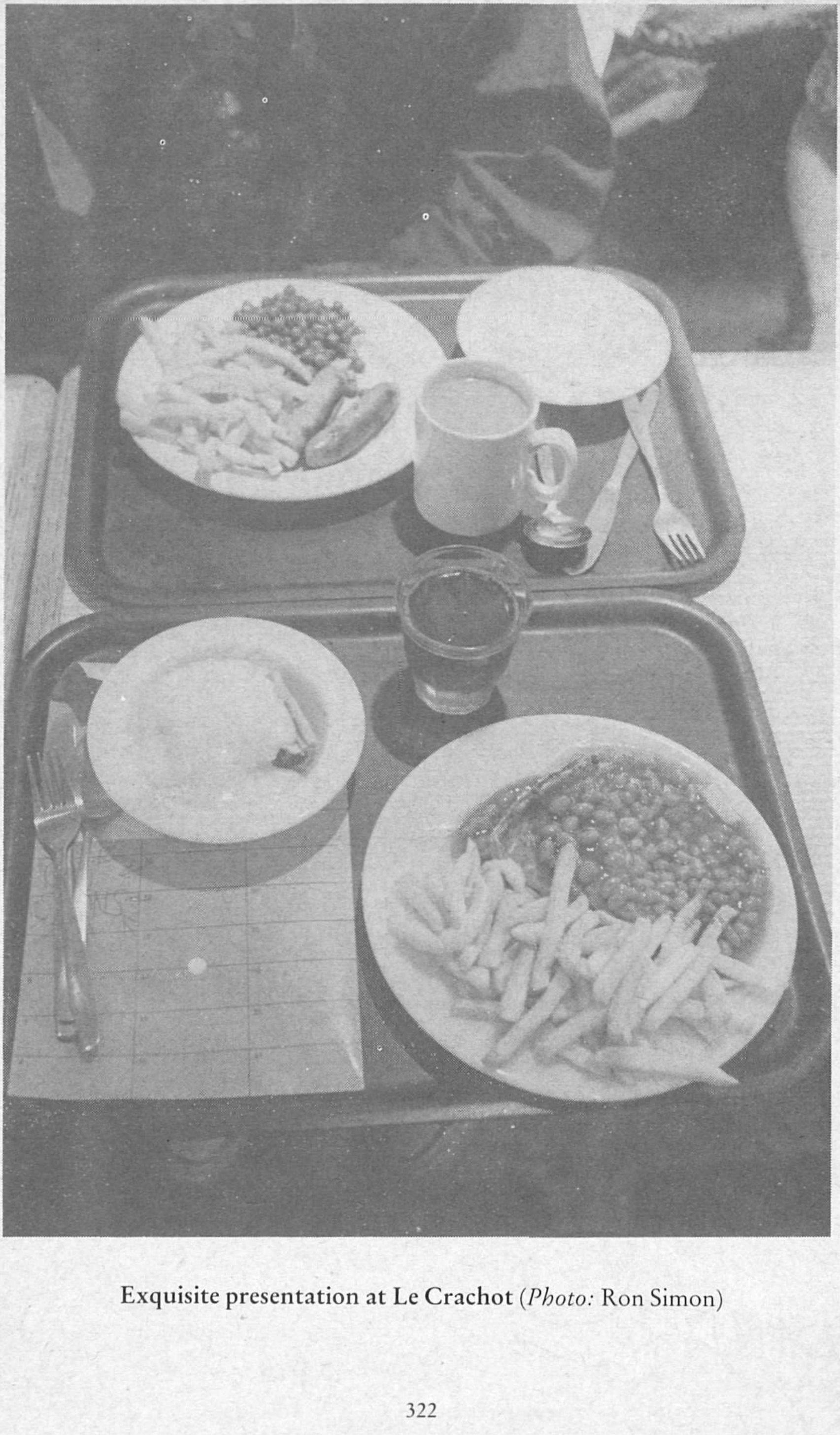
'Secondly, there must be an improvement in management skills. This will involve training people where necessary. There must be strong attempts to involve everyone in the success of the hospital, not just the medical staff or the administrators. For example, we've got exciting plans for catering in the hospital and the medical school, which will enable us to make a profit at the same time as subsidizing meals for our staff and students.

'And I think a crucial challenge is to try to involve the students more in the life of the hospital. When I first came here as a clinical student in 1960, you got the impression that the place just wouldn't have been able to run without the students: the student would take the history, wheel the patients to and from theatre, carry out blood pictures and so on. On a ward round, the consultant wouldn't turn to the registrar if he wanted to know more about a patient, but to the house officer and student, who were intimately involved in that patient's case. Now, obviously we're not going to see the return of students carrying out blood analyses, but I think it's very important that somehow we make them feel that thay're an important part of the running of the hospital. We've got to regain that sense of apprenticeship, and recognize that we are all students of medicine, just at different stages in a long journey.'


BOLAND, WHAT ARE YOU EATING?
OH THE USUAL, IT'S HOT, IT'S STEAMY, HAS BEEN NUTRITIOUS. ...... AND COULD BE CURRY!
THONK
STINK
EPNS
STINK
STEAM

BOLAND RAT

by Gaynor Duffett.



Exquisite presentation at Le Crachot (*Photo:* Ron Simon)

Eating out around Guy's

This month's restaurant choice: *Le Crachôt*

Tucked away practically under the arches of London Bridge station might seem an inauspicious location for This Month's Restaurant Choice, yet when my partner and I finally tracked down *Le Crachôt* what a treat it turned out to be! It's a firm favourite with the locals (mostly hospital staff) who come here again and again, and as soon as we entered we could see why – with its pretty formica-top tables and an old-fashioned lino floor this cosy eaterie has an informal yet civilized ambience.

There was a wide range of fare available at the rather novel 'canteen-style' self-service counter. I passed up the opportunity of a fascinating looking stir-fry pork and plumped instead for traditional sausages which arrived very lightly fried with *petits pois en boîte au menthe*, and potatoes cleverly sliced lengthways before being fried for a long time in lard (a house speciality). My partner, on the other hand, was tempted by the unusual beefburger with onions, but remembered just in time that he is a vegetarian, so settled instead on a simple quiche lorraine smothered with *haricots cinquante-sept éspèces*. Neither of us could resist the apple pie and 'custard', and from the extensive beverage list I selected a classic Red Label tea which, with its rich rust colour and delicately caustic aftertaste, turned out to be very reminiscent of the historic NAAFI '53; meanwhile my partner more adventurously went for an apple juice.

All this was surprisingly reasonably priced: my partner's bill was an affordable £1.22, while my more lavish spread still added up to only £1.28. For the more modest pocket there is a wine bar downstairs serving a range of snacks including several different flavours of crisps.

Sadly, though, this review is more by way of a retrospective, since shortly *Le Crachôt* is to close, tragically axed to make way for the new UMDS Southwark/Lambeth monorail link. So, before this unique eating experience disappears for ever my advice is to get down there and catch it while you can!

Roland Butter

Next Month's Restaurant Choice: Cafe de la Tour

Dental Notes

Where have all the DSAs gone?

The dearth of available dental surgery assistants is so alarming that a national crisis appears imminent. Even the agencies who provide temporary employment cannot help. Nor is it only the hospitals which cannot find DSAs, General dental practitioners are voicing their concern in the professional journals.

Once upon a time we were inundated with over 350 unsolicited applications for each course. Now we are lucky to receive a dozen interested enquiries.

Speculation about the cause of the shortage has generated many possibilities. Money, of course, is suggested as a prime factor. Girls wanting to invest in their own accommodation have little hope of obtaining mortgage facilities. We have little or no hospital housing for them. Like general nurses, the dedication is high but the rewards are low.

Reports are heard of careers officers in schools positively discouraging entry to the job. Bad publicity for dentistry in recent years coupled with the fear from increased awareness of serious infections like hepatitis and AIDS may be taking its toll. The prospect of wearing rubber gloves from morning till night is not exactly an attraction. On top of all this, the population drop in school leavers looking for a career is beginning to bite. From now onwards, employers are going to be offering tempting perks to attract this dwindling pool of learners.

Sainsburys have forestalled this crisis by taking on retired senior citizens in their training programme. Perhaps we should be entertaining similar ideas.

Parliamentary Select Committee

Dr Norman Simmons and myself were summoned recently to appear before a select committee at the House of Commons to answer questions about the discovery of Legionella in the Dental Hospital, Although full of trepidation and in fear of ending up transported to that 'other Tower', we were relieved, however, when the committee released us having praised the way in which our problems had been handled.

They did look a little concerned when Dr Simmons, looking up at the air vents, asked in all innocence whether the air-conditioning in the House had ever been screened for Legionella pneumophilia. We rushed to join the throng of homeward bound commuters on Westminster Bridge without waiting for a reply.

Retirement

Dennis Bugg qualified LDS at Guy's in 1937. He was House Surgeon to Mr Doubleday and went on to become his assistant at his West End practice before practising for thirty years in North Harrow. During the war years he served in the Royal Air Force as a dentist. From 1968 until his retirement twenty years later he practised in Ross-on-Wye at the Dental Surgery in Old Maids Walk.

Fifty happy years in dentistry is a great achievement for which he is justly proud. From all his friends and colleagues at Guy's we wish him an equally happy and long retirement.

Congratulations

To the dental staff cricket team who beat the dental students at their own game. Apparently no living member can recall when this result has been recorded in previous matches.

To Nigel Monaghan, about to take up his new appointment as a resident dental house surgeon, who has been awarded London University Laurels for his notable contribution to sports clubs and sports councils over the last four years.

To Miss Diana Wincott, Principal of DSAs, who has been elected President of the Association of British Dental Surgery Assistants for their golden anniversary year in 1990. As an energetic and wise leader in the Guy's dental team, who has waved our flag both nationally and abroad with such high reputation, it is an honour richly deserved and proudly recorded.

Thanks

To Paul Wilton, a final year apprentice in the Works Department. He was sent to the Dental Hospital in response to a maintenance call about a faulty loo. The cause turned out to be a bag of loot with about £2,000 of jewellery, almost certainly stolen property, stashed into a cistern. Without hesitation he handed over the haul to security and we have a loo back in action.

However, if you find another loo in the hospital which is faulty, please still continue to contact Works Department rather than trying any DIY.

It is reported that the response from Works Department for such requests is now very rapid, so thanks also to the person who inspired the incentive.

To the first clinical year students who made a donation of £200 to the Centenary Appeal and a further £370.13 for the Dental Society to support two electives for members of their year when they are in the third clinical year. The money came from profits after the 2nd BDS Review.

No thanks

To Schindlers who cannot provide replacements for the bulbs and covers in the high rise lifts to the Robens Suite.

So many patients and visitors are confused by the missing indicators that Little Bo Peep has nothing to complain about.

Michael Maberley

Nursing

Who are you?

Let me tell you about an amusing little incident which occurred recently. Some student nurses who were working with us were discovered, while waiting for inter-hospital transport, to be improperly dressed. Now you may think there is nothing unusual about this. They were, however, reprimanded on the spot by somebody senior in the nursing hierarchy. As I was not present at the time I cannot vouchsafe the accuracy of their reply, which was reported as either 'Who the hell are you?' or, 'Sorry, but who are you?' I'll settle for the latter.

However, the point of my story is that such an incident would, indeed could, never have occurred in bygone days, of which I wrote last month, the days when matron was queen of all she surveyed. Everyone knew matron, and would either have not been improperly dressed when she was about, or would have hid if there was any likelihood of this discovery being made.

We live in an age often noted as revolutionary for its improvement in communication, yet we can find members of staff in this institution who do not recognize their superiors! Nurses are not alone; one senior doctor recently entered a ward, unannounced, and when he was asked very politely by a senior member of the nursing staff who he was, replied in rather rude fashion, obviously expecting to be instantly recognized. Perhaps our elders and betters should be more clearly labelled!

Although I am not altogether surprised that some nurses don't know their superiors on site – or sight – I was somewhat taken aback when these same students, and since then several others whom I have interrogated, did not know who Trevor Clay is. I suppose having once inhabited a bedroom next door to Trevor's, when he was at Guy's, it is unlikely I should forget him. But surely the Secretary of the RCN has appeared in the general media frequently enough, apart from the nursing press, to have been known by most of our profession?

One person on our site who is likely to be noticed immediately is the Rev Neville Smith, the new Hospital Chaplain, whom we all welcome. However, as a born again atheist I am not sure that I share the views of those who think patients' religious affiliations should be catered for out of NHS funds. After all, if statistics are anything to go by, many patients are probably more interested in other activities than churchgoing, so why doesn't the Authority provide for them, as it provides an Anglican counsellor? At least someone wearing his collar back to front is instantly recognizable.

But being a polite sort of chap myself I hope he enjoys his stay at Guy's. I wonder what readers' views are about such appointments? Nevertheless I probably have more in common with many clergymen, who share my interest in steam trains, and are thus more likely to be attending the railway exhibition at London Bridge Station on August 27th, than members of the nursing profession!

Denis Cobell

Physiotherapy

On Saturday, 9th July, some 250 Guy's physiotherapists and teachers met in the Robens Suite to celebrate a hundred years of the teaching of massage and the 75th anniversary of the foundation of the School of Physiotherapy. On Monday, 11th July, a briefing paper from SE Thames Regional Health Authority confirmed its decision to have only one School of Physiotherapy in London – that at King's College Hospital – and one other in East Sussex, at Brighton Polytechnic. This, it believes, should ensure that enough students apply for places and should improve the recruitments of teachers, while at the same time encouraging more newly-qualified staff to remain working in the region.

A starting date of September 1989 is proposed for the new course at Brighton Polytechnic, so, if all of this is allowed to go ahead, the 1988 intakes of the Schools at Guy's and St Thomas' will be their last.

It is difficult to contemplate calmly the likely effects of this wanton destruction of two of the oldest and most efficient Schools of Physiotherapy in the world. Probably the most senior member of Saturday's gathering started training at Guy's in 1923, returned to take her teaching qualification and went on to become the much-respected Principal of the St Thomas' School, and a major figure in the Chartered Society. Others present had trained at St Thomas' and had come to Guy's to teach. The two Schools have their former pupils and teacher-trainees all over the world, and the profession owes much to their work.

The RHA's decision might seem more intelligent if the Schools were decaying and failing to attract good-calibre applicants and teachers. In the last three years at Guy's alone a total of 188 qualifiers earned between them 76 merit or distinction marks in the final examinations, while in the same period the new entrants had high A level scores and were chosen from an ample supply of candidates. The staff student ratio is better than the 1 in 10 standard set by the Chartered Society. We already place our students all over the Region for their clinical practice, and, according to the RHA's own figures, about a quarter of them take their first posts in Regional hospitals.

What is the point of making this change? One cannot help feeling that it is merely to satisfy some obscure doctrinaire principle, and it is difficult to believe that anyone will gain from its implementation.

At a meeting to be held in mid-July, options will be discussed and, it is to be hoped, decisions will be made about the future management of our two Schools. Already, St Thomas' is on its second Acting Principal after two retirements, and Guy's will be on to its first in a few weeks, because the Region has prevented us from advertising the vacant posts during its deliberations. Even if the timetable holds and the other proposals are unchanged, it will still be 1991 before all our existing and about-to-be students have qualified, and we really must be able to appoint Heads of the Schools. But will anyone want to apply?

Ronald Cooper

Poetry Corner

CLENCHED[1] FEET

Poet

My mind's as empty as a rifled tomb,
A spendthrift's pocket, or a spinster's womb.
What house-proud demon swept the attic bare
Because it found some dusty lumber there?
Thoughts that are tarnished never show their sheen,
But we must keep our wits to keep them clean.
Has every brainchild then been washed in Tide
And drifted off because it was not dried?
A brainwash straightens all the brainwaves out,
And water on the brain goes spout,
And when the bath is empty, neither king
Nor commoner nor poet wants to sing.
I thump my tub, and hope that speech will come,
But Rhetoric is deaf, or I am dumb,
For, like a broken cask when tapped, it's found
To issue nothing but a crack-pot sound.

Muse

Why scan the foots[2] for dregs of vanished mind?
Matter is meeter grist for metre's grind.
Metre, like mind, to live must marry matter,
And matter might as well divorce the latter.
Matter won't mind being subject to the metre,
For mindless melodies are much the sweeter.
Illiterate alliterations aid
Will lisp a spell, and call a spade a spade,
While trite tautology placed deep enough
Will play at coverpoint or blind man's bluff.
Nothing's so witless that a rhyme won't season,
For if you've got a rhyme you've got a reason.

Poet

Well-spoken faithful Muse: we'll sing a dirge
To mourn the victim of my mental purge.
Mute bearer words, come spread your inky pall
Enshrouding nothing, yet enshrouding all.
We'll find five feet of grave iambic clay
And put my empty coffin skull away.
Come, clinch[1] the hackney couples to the hearse,
Envelope my vacuity in verse.

P R Montgomery

1. Clinch or clench means a pun.
2. Foots is another word for lees.

Book Reviews

Manual of Medical Procedures. M J Ford, C E Robertson, J F Munro. 192pp. £7.95. Soft cover. Churchill Livingstone.

This pocketbook is based on a previous text, *Practical Procedures in Clinical Medicine*, first published in 1980. Because of the increase in routine procedures in modern medical practice, the original text has been adequately extended to include detailed practical advice on how to perform complex procedures, from Swan-Ganz catheterization and temporary percutaneous transvenous cardiac pacing to the more familiar procedures of lumbar puncture and joint aspiration.

Personally I found the sections on hormone implantation, cervical smear and normal obstetric delivery somewhat out of place, the latter being useful primarily for those faced with this problem as an emergency on a train or aeroplane.

Generally the text is concise and easy to follow, and the diagrams simple but well annotated and informative. This book is best suited to senior medical students, house officers and senior house officers to aid them in performing such procedures as safely and effectively as possible. This should be reagarded as a handbook to be read before a procedure is undertaken, but should never replace close, experienced medical supervision.

The cost of the text is not cheap (presumably because of the diagrams) but neither is it prohibitive at £7.95. Overall I would recommend this volume to students and junior doctors as a useful addition to their library to ensure that their practical expertise is maintained at a high standard.

Dr L D Lewis

Problem Orientated Medical Diagnosis – 4th Ed. (Ed) H Harold Friedman. 452pp. £9.95. Soft cover. Little, Brown & Co.

The current vogue seems to be for problem orientated medical books. This is one of the better versions available. Problem orientated books have their own problems; not everything is easily approached in this format. Some of the sections end up as normal textbook descriptions. This makes it difficult to get the balance right. A simple approach is too low key for most students, but authors are worried by a more advanced approach and feel the need to bring in introductory explanation.

There is a great deal of valuable information in this book and most of it is easily approachable. One problen is that there is little indication of the relative frequencies of the various causes of the symptons and signs presented. This seems to be a considerable weakness which could easily be corrected with this form of organization. The list for the aetiology of coma has more than forty causes, with no indication in the table or the text of relative frequencies. The information is limited to diagnosis and further investigation, there is nothing on treatment.

The book is spiral bound and in the best American manual tradition has text which can be read only with a magnifying glass. Altogether it is useful. It could help with the initial approach to practical patient problems, and provides another aspect which could usefully supplement a routine medical textbook.

P J Rees
MD, FRCP

Essential Obstetrics and Gynaecology. E Malcolm Symonds. 266pp. £14.95. Churchill Livingstone.

The aim of this book is to cover the basics of obstetrics and gynaecology. It succeeds in providing a firm foundation for the medical student. It begins with two excellent chapters on history and examination – essential to a clinician in any field – complemented with very descriptive diagrams.

In the obstetrics section there are two chapters which deserve special credit as they deal with subjects that are either ignored or briefly mentioned in most obstetrics and gynaecology textbooks and yet they are of major importance. The first is 'Physiological changes in pregnancy' which discusses all the systems in the body and provides essential information on the maternal response to the conceptus. The other chapter is 'Psychiatric disorders of pregnancy and the puerperium', which gives a very detailed coverage of this very common problem.

The chapter on abnormal labour is disappointing as the philospphy of active management of labour is not outlined, and the concept of a trial of labour being concluded after 6 hours of no cervical dilatation demands further explanation! As active management is well accepted in modern obstetric care in this country it should definitely be outlined in undergraduate textbooks. When dealing with postpartum haemorrhage I would have to disagree with the axiom 'a contracted empty uterus never bleeds'. Also the classical definition of a postpartum haemorrhage is within the first 24 hours and not the first hour.

The gynaecology is brief but of high quality and again the diagrams are very helpful. A chapter devoted to disorders of sexual function is highly commendable as again this is a subject often ignored.

The author has provided a good deal of information in a straighforward and factual manner. He has successfully coved the ground work for both obstetrics and gynaecology in a way which is certainly to be recommended for the undergraduate. The only supplementation it would require would be extra reading on modern management of labour.

Janice Rymer MRCOG
Registrar
Obstetrics and Gynaecology

Sport

RUGBY CLUB

The Tour Report
An account of the 3rd XV cultural trip to Jersey

Competitors

C Growel
C Peralwell
T ap Gibbon
K Struker
A Slade
D Bayleaf
M Willing
S Seal
M Morgon
K Undertaker
D Boy
A Porterloo
K Coughdrop
M Meek
Zippy
J Lopez
F G Slater
J Lewis
A Rachnoid
J Neil-Dwyer

Phenomenal organization meant that I was given only 40 minutes' notice that the weekend was to be spent in the Channel Islands. 'Sell Er Vee' as they say in Jersey.

We flew from Gatwick to St Helier to be met by a state-of-the-art 1952 charabanc. We were soon ensconced in the Sundowne hostelry under the tender care of John and Chris, whence we journeyed to the Shipwright's to experience the induction of Messrs Petalwell and ap Gibbon into the Rainbow Organization. This was followed by a very swift glass of WP, after which we pressed on to the quaintly-named Madison's Slapper Shop, to meet the locals. There was much dancing and sniffing and counting, to be followed on the return journey by mourning and gnashing of teeth.

On Saturday there was a game against RAF Upper Woofson (L 31–5). Mr Bill Laverack, spectator and ex-South African international was glad to see that Guy's still produce free-flowing rugby and acknowledged that our front row (total age 117) did not lack experience.

The Sherry Club held an impromptu EGM and it was decided that Andy Rachnoid should pay a visit to the old WWII Gestapo HQ in St Helier. This was duly accomplished after a display of mountaineering and flag-folding skills; only timely intervention by John Lopez enabled him to get his money's worth as he was afraid he might have been outstaying his welcome. Sunday dawned too early for the game against Jersey 3rd XV, in which, after a valiant fight we again took the silver medal. Soon after one of our tries, a cry came from our hooker 'That's it Guy's! Speed is the essence!' A prompt reply was heard from the spectators 'Balderdash! Vanilla is the essence!'

After-match celebrations included an afternoon of not being allowed to say 'No'. A most amusing thing to behold and a good test of self-control, something which few of the competitors knew much about. Later, it was all off to an Outer Mongolian evening at Jersey RFC, with most people being suitably attired. It was a great bash – Coughdrop demonstrated the advantage of youth and a fresh face in acquainting himself with a being from the local asylum. Shuker used opportunism and an eye for an opening and Richard Splashman (Dick to his mates) used his characteristic tact and charm to endear himself to all present. K Undertaker cleared up the pieces. After a very long night, including the dramatic 'springing' of Paddle from capitivity we assembled in the morning for the journey home. With a jolly chorus of Ging Gang Gooly we arrived at the airport. The legal representative, however, was mentally fatigued after the Habeas Corpus Koleenus episode and was unable to locate his ticket. Never mind, what is money for? 'Sailor-V' as they say to Chris Redman.

An unforgettably harsh, but fair, experience for all those who took part. Many thanks to Zippy for making it all possible.

Sherry Club Awards 1988
Fosdyke's Fossil (Long service) – Petalwell, Growel
Fosdyke's Fossil and Barstool – ap Gibbon
Community Service Medal – Slade, Shuker

The Tour Report II

Fresh from victory in the first round of the Hospitals' Cup, the younger members of the Rugby Club decided to organize a Freshers' Tour. NB: this is an annual event in memory of Brian De'Ath, a Guy's man, who invented rugby football when he kicked ahead for Webb Ellis to run on and score. Due to the unprecedented demand for places we were able to assemble the following cast:

Skyume (token fresher)	A player
Ted Rose) Spot Bunting) Pole Scanlon) K White)	Dental students
Browbeat) Beardmore)	Medical students
Martin	A pathologist
B Hooper-Jenkins) Docker)	Rats
Ryan) Wayne)	Bone crushers
Stretch (Too Tall) Thomason	
Bevan	
Blind Pugh	A sound fellow
Poole	A dog's body
V Pupusch	A chutney chomper
Greg's Mate	A friend of Greg's

We met in the Horseshoes (where else?) in fancy dress at high noon and after some frivolity we set off for Plymouth. Skyume, the Welsh Wizard, had a few gastric problems and refused at the fourth bridge. Jenkins forgot his purpose in life and quickly slipped into meaningless, and wet, oblivion.

Having travelled far we stopped for some relief at Heston. Several miles on someone asked Pugh for the sherry. Silence. Where's Pugh? A frantic search of the minibus ensued. He wasn't in the ashtray, he wasn't under the seats. We'd left him at Heston. Never mind.

Suddenly it dawned on us. He was the prop. We had to go back, because a scrum, like a house, must have solid, thick foundations and where would we have found another prop as solid and as thick as Pugh? At the junction before Heston an impromptu procedural battle raged, with the result that we turned round again. Pugh managed to hitch back to Guy's, and the rest, as they say, is histamine.

The rest of the party reached Denver Dogs Home in Plymouth. Kolin and Browbeat got ditched from the

Back row: Beardmore, Rose, Poole, Wayne, Docker, Ryan, Skyume, Scanlon, Hoofer-Jenkins
Front row: Bevan, Bunting, Martin, Kolin
Absent: Thomason, Pugh

main group and sought solace in a curry. At the end of the (long) meal, however, neither could remember the name of the hotel or where it was. The waiter was little help. They were freezing cold at 2 am when a local approached.

'You're from Guy's aren't you?' he said.

Kol and Browbeat were bemused – how did he guess? It transpired that he was a friend of Greg's on search and rescue so it all ended happily.

Next morning we repaired to the local for damage report. 14 players, one with a dislocated shoulder and no kit (left at Guy's). Hoofer had a tale to tell. Lost on Plymouth Hoe having had his watch stolen, he was propositioned by a sailor with the words 'Do you want to come to my place, Pinocchio?'

Drunken logic intervened and he flagged down a passing police car.

'Take me home.'

'Where do you live?'

'I can't remember.'

Six irate hotel owners later he was home. From his pirate's outfit, hat, feather, belt, wallet, earring, eyepatch and parrot (sewn to jacket) had vanished.

We drove through pouring rain to play Plymouth Jesters RFC. This was real rugby: we got changed into borrowed kit in a cowshed to play on a paddock. Our 13 players plus cripple were supplemented by Victor

Pupusch, a local. We lost 26–6 and were allowed to use the bath first. The hot water came from an oil drum over an open fire.

We were entertained regally. The night went splendidly save the unwelcome advances of Victor. Things looked good for the morrow.

Next morning a game against Plymouth Argham awaited. After a quick ration of Smirnoff Blue Label, we picked up Pugh carrying the kit (and something else). The Jesters had lost to Argham for the past ten years and they told us we were in for a hiding. Even the local press had turned out to witness the execution, but we had three factors they hadn't bargained for:

1 Pugh
2 Guy's kit
3 Smirnoff Blue Label

Battle commenced. Ten minutes into the match, and we were 15 points down. A change of tactics. Hoofer was despatched to be permanent blindside wing and Kol (at fullback, having propped the previous day) was told not to attempt to join in the line. This seemed to rattle the opposition. Docker scored quickly, followed by a brace from Browbeat. In the second half Bevan went over, but Arghum replied. Our back row Scanlon, Skyume and Wayne were tremendous. With twenty minutes remaining Docker made a break, missed out Poole (good thing too) and gave the ball to Browbeat who ran in from 70 yards. Wayne converted and Arghum were broken. The man from the *Plymouth Echo* was rewriting furiously (Poole was trying to get his name in the paper). In the last minute they scored a consolation try due mainly to our centre being taken ill. We were not entertained at all and thus had to return home tired, but with pride, Pugh, and Smirnoff Blue Label.

BOAT CLUB

Horseferry Regatta, 18 June, 1988

At the last minute we got a 'Physio IV' together to race in the Novice division. The men also entered a IV.

Both crews reached their finals. To get there, the ladies defeated 'Dacre' by 6 lengths, while the men had two hard races against Dacre and London Rowing Club. Unfortunately, the men narrowly lost their final against St Mary's Hospital. Our final was against 'Thames Tradesmen'. It was evening by the time we came to row, and the men's crew had disappeared! (*Explanation please fellas – Ed*) We were slightly worried that our opposition were being psyched up from a launch the whole way to the start. However, we had a good race to win our first ARA points and tankards which were soon christened in our usual style!

Jo and Stephy

Crew Lists

Physio IV
Jo McCurrich
Stephy Griffin
Cathy Barnwell
Sarah Robinson
Cox: Ali Renshaw

Men's IV
Charles Peebles
Mike Heffernan
Alan Whelan
Nick Tomes
Cox: Richard Miles

Hospital Information

UMDS (Guy's Campus)

Prizes Awarded 1987/88

Clinical Prizes

Beaney Prize for Histopathology 1987
Sanjay Mull Sisodiya

Leonard Lubbock Prize for Chemical Pathology 1988
Sanjay Mull Sisodiya

Beaney Prize for Immunology 1987

Prize	Roswell James Martin
Certificate of Merit	Maria Helene Thom

Golding Bird Medal and Prize for Bacteriology 1987

Medal and Prize	Sanjay Mull Sisodiya
Certificate of Merit	Roswell James Martin

Surgeon Rear-Admiral R F Clark Exhibition for Phsyiology and Bacteriology 1988
Andrea Roberts
Neil Stephen Sheerin
Syed Azfer Aslam Sohaib

Richard Ellis Prizes for Paediatrics 1987

First Prize	Andrew David Farmery
Second Prize	Philip Jan Chowienczyk

Spastics Society Prizes for Paediatrics 1987

First Prize	Jonathan Harvey Gillard
Second Prize	Kim Frances Robbins

ICI Pharmaceuticals Division Prize for Clinical Pharmacology 1987
Petra Jane Jeffery

Sir John Brotherston Prize of the Faculty of Community Medicine of the Royal College of Physicians of the United Kingdom 1987*
Kim Frances Robbins

National Undergraduate ENT Prize 1987*
Bridget Kathryn Macdonald

Charles Forster Prize for Cardiology 1988
Thomas Henry Stephen Dent

Henry Levitt Memorial Prize 1988

Prize	Simon Charles Carruthers
Certificate of Merit	Carl Edward Counsell

Gillespie Prize for Psychological Medicine 1988
Sarah Elizabeth Stanley

Treasurer's Medal and Prize and Baldwin Prize for Clinical Medicine 1988

Medal and Prizes	Not awarded
Certificate of Merit	Sanjay Mull Sisodiya

Guy's and St Thomas's History of Medicine Prize 1988
William Duncan Kemble Johnson (jointly with G D Wasley)

Gilbert Prize for Rheumatology 1988

Prize	Raymond See-Kit Lo
Certificate of Merit	Bridget Kathryn Macdonald

Hopkins Prizes for Anaesthetics 1988

First Prize	Martin Fratton Parry
Second Prize	Andrew David Farmery jointly with David Karl Ringrose
Third Prize	Kwasi Moses Debrah

Golding Bird Medal and Prize for Obstetrics and Gynaecology 1988
Martin John Fisher

Larkin Prize for Medicine 1988
Roswell James Martin

Charles Oldham Prize for Ophthalmology 1988

First Prize	Philip Malcolm Rich
Second Prize	Emin Assatour Carapeti

Treasurer's Medal and Tewfik Prize for Surgery 1988

Medal and Prize	Not awarded
Certificate of Merit	Jonathan Harvey Gillard

Charles Symonds Prize for Neurology 1988
Robert E Wei Chen

* Prizes not awarded by the School

Pre-clinical Prizes

Edgcumbe Prize 1987
Chang Tou Chen

Sands Cox Scholarship for Physiology 1988
Mark Gaisford Slade

School Prize for Pharmacology 1988
John Stephen Gilbody

Michael Haris Prize for Anatomy 1988

Prize	Matthew Lawrence Grove
Certificate of Merit	Martin John Sadler

Gowland Hopkins Prize for Biochemistry 1988
Dijendra Bhushan Basu

DENTAL HOUSE SURGEONS

The following recommendations have been made to the Director of Dental Services for appointment of Dental House Surgeons for the period from 1 August 1988 to 31 January 1989.

Resident including General Duties for

Mr Bret Day	J T R Pollard
Mr O'Driscoll	D T S Fang
Mr Gibb	S B Holmes
Mr Haskell	N P Monaghan

Non-Resident including General Duties for

Oral Immunology	S M Tittensor
Oral Medicine, Pathology & Microbiology	Miss S C van Oudgaarden
Conservative Dental Surgery	Miss E C McCleery Miss K J M Rawcliffe
Orthodontics & Dentistry for Children	Miss S R Lott R C W James
Prosthetic Dentistry	P Sequeira S M Smallwood
Periodontology & Preventive Dentistry	C G E Wander

Rotating appointments with Conservative Dental Surgery & Oral Surgery

Rotation No 1	C P Balcombe
2	Miss C E J Harpur
3	Miss M Benaim
4	S M Nocton

ARTICLES BY GUY'S PEOPLE

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DEATHS

MOTE, Gordon Robert Mallet, LDS, RCS. Died suddenly in hospital, 18 June 1988 aged 66 years.

STEWART, Ian McDougall Guthrie, MD, FRCP, on 9 June 1988.

CHANGE OF ADDRESS

EVANS, Mr and Mrs G. M. Stumbleberry, 7 Coombe Road, Otford, Kent, TN14 5RJ. Tel: 09592 4357.

PLOWMAN, Sqdn. Ldr Richard and Mrs Lynn, The Dental Centre, RAF Sek Kong, Hong Kong, BFPO I.

PERSONAL

FOR SALE. Large one bedroom flat in Snowfields, SE1. £71,000. Tel: 01–828 9811 (Dr Malcolm on bleep) or 01–252 1003 (home).

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

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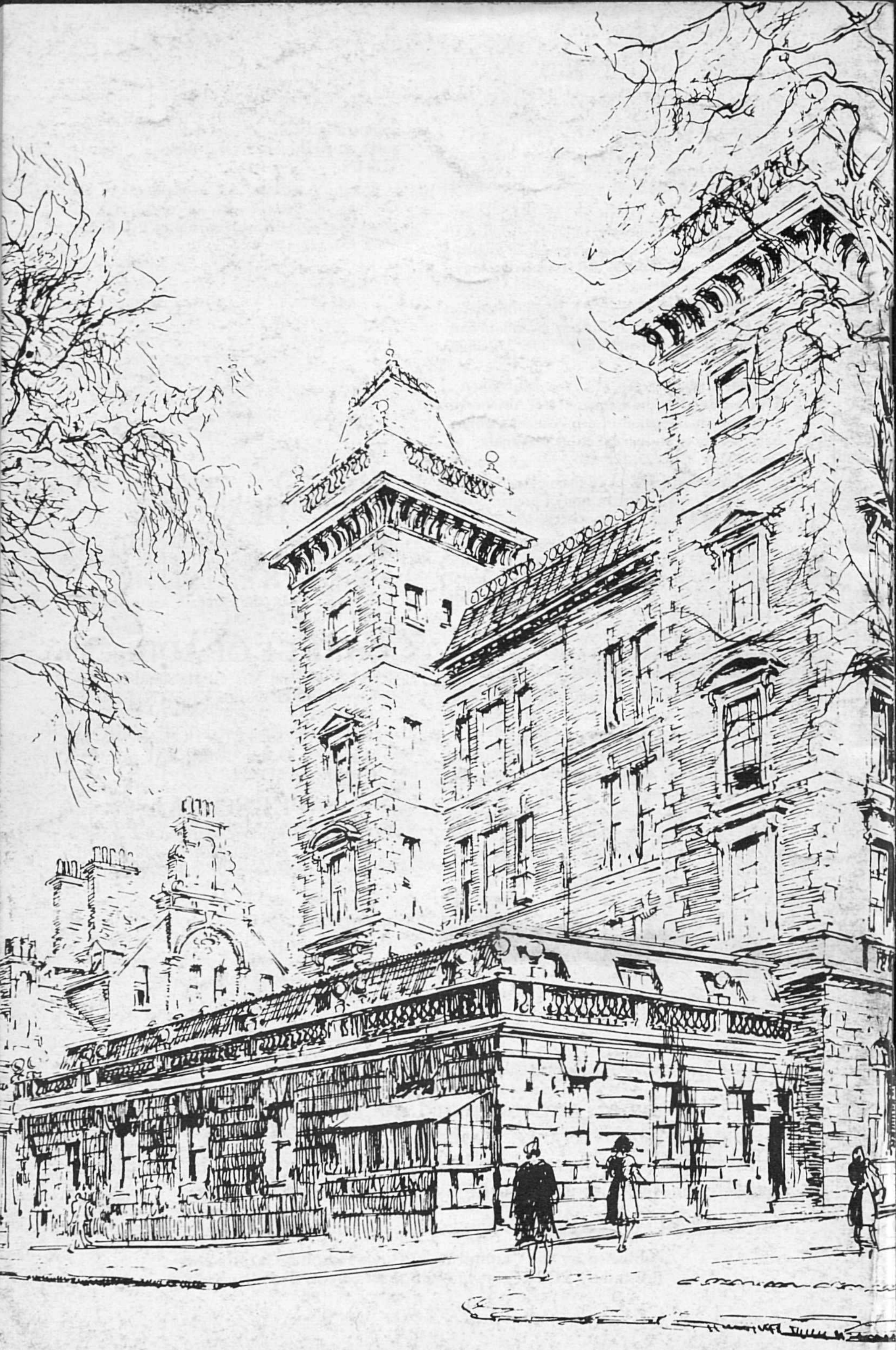

GUY'S HOSPITAL GAZETTE

OCT
1988
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October interview:
Mr Ian Fentiman

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GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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OCTOBER 1988 VOLUME 102 NUMBER 2386
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Passim

We have tried to make this October issue of the *Gazette* a special edition for Freshers, whom we welcome wholeheartedly to Guy's. For many people Freshers' Week is spent in a permanent alcoholic haze, but those of you who get the opportunity to look through the journal before the horizontal hold packs up completely, will find a programme of events to mark your arrival, together with an indication of what's in store for you from the professors of the preclinical departments.

Still on the subject of welcomes, I should like to announce the appointment of two new members to the Gazette team. 'Dr' Martin Sadler has joined as Deputy Editor, and Richard Russell is our new Advertising Manager. Each of them performed the same roles on the successful charities week magazine *Scanner*, so their skills will be most welcome at the *Gazette* — indeed, while the editor has been swanning around south-east Asia much of the work of producing this issue has been taken on by Martin Sadler.

Another important change is to our printers. This month the Gazette has been produced by Hobbs the Printers of Southampton, with whom we hope to have a long and mutually-beneficial collaboration.

For the benefit of our Fresher readers, and at the risk of boring longer-established readers, I should like to take this opportunity of banging the recruiting drum once more: the *Gazette* is an entirely student-produced magazine, the oldest hospital magazine in the world, and any students of whatever subject at Guy's are encouraged to help with its production. I am hoping to hold one or more informal editorial meetings early in October to discuss the content of forthcoming issues, which all interested students will be invited to attend. Since our new office is within easy staggering distance of the bar I hope that attendance will be encouraging. More information will follow via the Boland House notice boards.

Gazette Christmas Raffle

Once again we shall be holding a Christmas raffle. A couple of books of tickets are included with your copy this month. If you would like to take any, please return the stubs to the Gazette Office, Boland House, London SE1 9RT, together with a remittance of 20p per ticket, by Friday 9 December, in time for the draw, which will be held on 15 December.

News in Brief

Merger — softly, softly

The rumoured changes to preclinical teaching departments within UMDS will not now take place until the academic year beginning September 1989, while building work continues apace within the medical school to accommodate the new structure. It has been agreed that all anatomy teaching will in future take place at Guy's, while physiology will correspondingly move to St Thomas's. The pharmacology and biochemistry departments remain split across the two campuses. It was felt that this arrangement capitalized on the opportunities offered by the retirements of existing heads of department.

In order to accommodate the whole UMDS 1989 intake at Guy's for anatomy lectures and tutorials, it will be necessary to modify the existing lecture theatres and to double the number of available tutorial rooms. Also required is a dissecting room that can cope with 195 students, for which outline plans have been agreed. This building work, coming on top of the current reglazing of the medical school, means that the dust and scaffolding which have been a feature of the recent weeks are likely to be with us for some time to come.

Mrs Nellie Nethercot

Many readers of the *Gazette* will be saddened to learn of the retirement of Mrs Nellie Nethercot from the medical school at the end of August. Nellie has been at Guy's for nearly twenty years, and will be fondly remembered by several generations of students and staff as the kind and friendly 'patron' of the staff common room, where in spite of catering for large numbers of students at coffee-break, and staff at lunch, she always managed to have time for a chat and an enquiry after one's progress. Dr Chris Buckland-Wright of the Anatomy Department, and a regular user of the staff common room, comments: 'Nellie always managed to create an atmosphere in the common room such that it was a pleasure to go there. There is great disappointment among the staff of the medical school that this opportunity to meet each other outside the usual departmental groups will no longer exist'.

Unfortunately, some doubt and confusion over the future of the staff common room, and over Nellie's role within the catering service, have meant that her retirement has been marred by ill-feeling. Her relatively sudden departure means that she will be gone before many of her regular student customers return from the summer vacation.

On behalf of *Gazette* readers we should like to reassure Nellie of the very high regard which many of us have for her, and to wish her the very best of luck in her retirement.

Blues Committee

There is to be a meeting of the Blues Committee in the Committee Room of Boland House on Thursday 13 October 1988 at 5.30 pm. All Full Blues are invited to attend in order to elect a Committee to serve for the next year. Nominations for consideration for the awards of Blue and Half Blue for the summer sports should be sent to:

Mr M J Gleeson
Secretary of the Blues Committee
Department of Surgery
Guy's Hospital

to arrive no later than Monday 10th October.

New Student Medical Education Committee (SMEC) officer

As part of its monitoring function, the SMEC has decided to appoint an officer with particular responsibility for issues of sexism and racism which may arise at any point on the medical course. Students with suggestions for improvements in these areas should contact the Anti-Racism/Sexism Officer via the SMEC pigeon hole.

Jenny Keen (5th year) has been appointed as the first person to hold this post.

Fiona Vickers (Chairman)

Medical supplies for Nicaragua

For the second year running, the Guy's Hospital Issues in Health Group has been collecting outdated disposable sterile supplies for the Nicaragua Health Fund. The supplies have been sent by container to Nicaragua to help relieve a situation in which disposables are routinely washed and reused and are in chronic short supply due to the war with the US-funded rebel Contra army. Hospitals and health centres have been a constant target for Contra attacks. Health services, initially developing rapidly under Sandinista rule, are now stretched to the limit by the war.

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Supplies collected by the Issues in Health Group included needles, syringes, sutures, catheters and a variety of other equipment. Outdated supplies were donated by Guy's, Lewisham and several other hospitals across London. The estimated new value of supplies collected by the Issues in Health Group was in excess of £60,000. This represents a considerable achievement.

The Issues in Health Group would like to thank all those who helped in donating, loading, transporting and storing the medical supplies.

Jenny Keen
ex-President, Issues in Health Group

The new sign-up system

Dr John Rees writes: Now that we have one United Medical and Dental School of Guy's and St Thomas's it is necessary to have a uniform scheme for assessing students' progress through the clinical course. This is a topic which has frequently caused dissatisfaction among students in the past. The necessity for uniformity has allowed us to develop a new scheme in consultation with the students and teachers on both campuses.

There are a number of purposes of the assessment:

(i) It acts as a form of certification of satisfactory attendance to satisfy the General Medical Council.

(ii) It allows students to appreciate how they are performing and to make any adjustments.

(iii) It gives the Medical School a form of grading which can be used for references or house appointments if desired.

(iv) It acts as an early warning system to detect students having problems. Appropriate early action can then be taken and we hope to have a professional educational adviser in post soon to help with this.

The main student criticism in the past has been the feeling that gradings were sometimes arbitrary, and, if they were lower than the student expected, no justification was given or remedial action suggested.

The new scheme will come into action for all medical students from this October. It will have three elements to be assessed, for each of which the student will be awarded one of five grades:

A = excellent
B = very good

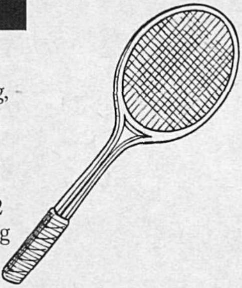
TRY OUR SHORT ORAL TEST

1 What has a really comfortable grip?

☐ (a) The Boston Strangler
☐ (b) The Sensodyne Search 4
☐ (c) A toothless bulldog.

4 What has a dense brushing surface?

☐ (a) The Sensodyne Search 4
☐ (b) A dry ski slope
☐ (c) A road-sweeper with an IQ of 72.

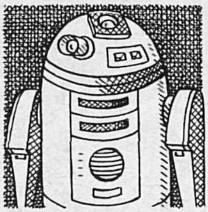


2 What has a long, slim neck?

☐ (a) The Sensodyne Search 4
☐ (b) A bottle of 1982 Yugoslav Riesling
☐ (c) A cygnet.

5 What's head and shoulders above the rest?

☐ (a) The Hunchback of Notre Dame
☐ (b) A giraffe
☐ (c) The Sensodyne Search 4.

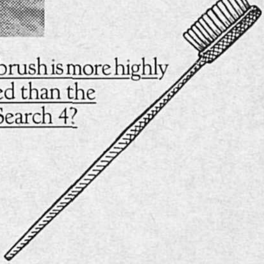


3 What has a compact head with rounded corners?

☐ (a) A primary school
☐ (b) Just about everybody
☐ (c) The Sensodyne Search 4.

6 What toothbrush is more highly recommended than the Sensodyne Search 4?

☐ (a) None
☐ (b) Zero
☐ (c) Zilch.



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*Independent Dental Survey 1986. Data on file Stafford-Miller Ltd.

C = satisfactory
D = unsatisfactory in some aspects
E = very poor, needs further help

We would anticipate that the division between the gradings would be something like:

A = 10%
B = 30%
C = 50%
D = 8%
E = 2%

At the end of each year, each assessor will be informed of how their marking proportions compare with those of other assessors.

The areas to be assessed with these gradings are:

— Knowledge
— Clinical skills
— Application and attitudes

This follows a scheme used successfully for some time for the assessment of dental students.

The other major change will be that the student and the assessor must get together to fill in the form for the assessment. An example of the form is shown below. It has to be signed by both student and assessor. The student is required to return his or her copy of the form to the medical school office within two weeks of the end of the firm. The meeting to fill in the form will provide an opportunity to explain the reasoning behind the grades and to find areas which the student may need to concentrate on in the future. It will also provide an opportunity for students to feedback their opinions on the teaching, which will help the teachers to see if the stated objectives of the firm are being achieved.

Assessments will probably be completed most simply in the last week of the firm although this may be variable to allow end of firm tests and colleagues' opinions to be taken into account. This is a big commitment for everyone, not least the students, to undertake but we feel that the assessments will only become educationally valuable and convincing if they are taken seriously in this way.

The scheme will be allowed to run for one year and then it will be assessed from the point of view of performance and practicality.

Other assessments will occur during the course. At the end of the first medical firm there will be an assessment of ability to take a history and examine a patient to make sure that these basic skills really have been learnt by this time. At the end of the second medical and surgical firms in the second year, there will be an MCQ which it is intended will take in most subjects and act as a sort of screening test for areas of weakness when there is still time for these to be remedied.

John Rees
Clinical Tutor

Division of Biochemistry — forthcoming seminars

Professor Tak Lee and Dr Bernd Spur (Department of Allergy and Allied Respiratory Disorders, UMDS, Guy's Hospital) will give a talk entitled 'The Chemistry and Biology of the Lipoxins' on Wednesday, 12th October.

Dr David Saggerson (Department of Biochemistry, University College) will give a talk entitled 'Regulation of Adipose Tissue Triacylglycerol Metabolism by Hormones' on Wednesday, 9th November.

Both seminars to be given at 1.15 pm in the Biochemistry Seminar Room (3rd floor, Medical School). ALL WELCOME.

Lady deans

The late Dr Donald Hunter was very rude about Bart's. He used to say 'Bart's is wedged like an infarct between the Post Office and the meat market, and like an infarct is dead'. Of course they have advanced a good deal since those days (could it be that this has something to do with the fact that the Dean and many of the staff were Guy's men?).

Now they have jumped straight into the twenty-first century with the appointment of a new, lady Dean. And an extremely dishy one too. When can the dear old UMDS expect to have a lady Dean?

by our special correspondent

A message from the chairman

Our Editor, Mark Slade, is on his way to the Olympic Games in Seoul to represent Great Britain in the Fencing team. We are proud to have a Guy's student taking part in the Games and our good wishes go with him. As an Editor, he is noted for his cut and thrust, and we hope it stands him in good stead with the sabre!

Dr G Scott

UNITED MEDICAL & DENTAL SCHOOLS

FIRM ASSESSMENT

STUDENT ....

FIRM ....

DATES ....

THE OBJECTIVES OF THIS FIRM HAVE BEEN ACHIEVED......YES/NO

ASSESSMENT OF PERFORMANCE

A = Excellent
B = Very good
C = Satisfactory
D = Unsatisfactory in some aspects
E = Very poor, needs further help

The assessment covers three areas:

KNOWLEDGE	
CLINICAL SKILLS	
APPLICATION & ATTITUDES	

We have discussed this assessment.

Signatures

Student...

Assessor..

Date / /

This form must be taken or sent to the School Office/Dean's Office.

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When you become Fully Registered, to prepare you for your first appointment as a Regimental Medical Officer, we will send you on an introductory course which lasts about four months.

This course includes training at Sandhurst, training in administration and field medical organisation at the RAMC Training Centre and in the various aspects of Military Medicine at the Royal Army Medical College at Millbank.

Then, it's six years in the Army, starting with the rank of Captain. By converting to a Regular Commission you can, or course, stay longer, until you're 60 if you wish.

As a doctor in the Army your practice will be much the same as a good civilian one: fully equipped and professionally staffed. You could be working in a group practice or on your own; though you'll be entirely responsible for your own patients, be they soldiers or their families, rather like a busy G.P.

But don't think that, because you're in the Army, your chances for study will be in any way limited.

While still in clinical training a number of selected cadets may, with the approval of their Dean, undertake elective attachments at Military Medical Units in Germany, Cyprus, Hong Kong, Nepal or USA.

And you'll have the same opportunities as in civilian life for your post-graduate training in General Practice, Community and Occupational Medicine or one of the Hospital Specialities.

But a doctor's life in the Army doesn't stop there. As an officer, you'll be able to take advantage of a wide range of sporting facilities.

You'll almost certainly travel abroad, and your social life will be busy too. Many of those you meet and work with will become lifelong friends.

Finally, should you decide to leave the Army on completion of your Short Service engagement we will give you a very useful tax-free gratuity.

How much depends on the length of your initial Cadetship and the amount spent by the Army on your medical training. Regular and Special Regular Commissions are pensionable.

For further details please contact Major General (Retd.) R. N. Evans CB FFARCS, Dept. 0799, Royal Army Medical College, Millbank, London SW1 4RJ. Tel: 01-970 4466, Ext 8120.

He'll send you our brochure, 'Doctor in the Army,' and arrange an interview.

Army Officer

The Armed Forces are Equal Opportunity Employers, under the terms of the Race Relations Act 1976.

Correspondence

The padre's OK, mate!

Dear Sir,

I was, perhaps, the only member of staff to be mentioned twice in the July edition of *Guy's Gazette* and to find myself under review in the Nursing Notes came as something of a surprise — a pleasant one I thought at first, but then your correspondent rather spoiled the effect by going on to ask whether I had any useful contribution to make as a member of the hospital staff. Further, he invited others to join the discussion — all this over my unsuspecting, newly-appointed head!

Several things need to be said. First, I am appointed as chaplain, not, as he suggests, as a counsellor, neither Anglican or any other brand. There are other people trained to be counsellors. I am a clergyman even if I answer to a variety of titles — chaplain, vicar, padre, squire, mate! The difference is more than a subtle one but is too long to go into at this point.

Secondly, Mr Cobell suggests patients are interested in activities other than churchgoing. I am sure he is right and to maintain their interest in such activities, the authority appoints, amongst others, occupational therapists and a coordinator of voluntary services. The paradox remains however, that at a time when support for institutional forms of religion is declining, there remains a strong inherent religious feeling which surfaces when episodes occur to break the usual flow and rhythm of life. Being admitted to hospital is just one such episode. Thus, people are genuinely glad to see me as I go round the wards. They do most of the talking — I don't. I sit and listen, and what I hear them say is that they are searching for meaning — meaning in life, generally, and trying to make sense of the experience of pain and illness which they are currently undergoing. I have no answers, but I have a system of belief which enables me to share their problems.

If Mr Cobell is, as he says, a born-again atheist, we may find all this difficult to discuss, but like him, I am a polite sort of chap (or so I believe!) and so perhaps we can begin to find common ground by swopping experiences of the railway exhibition at London Bridge on August 27th.

Yours faithfully,

REV NEVILLE SMITH
Chaplain

On Matrons

Dear Sir

I have recently returned from France with my husband and my attention has been drawn to a recent issue of the *Gazette*, in which I was shocked to find our beloved matrons described as having breasts like 'doodle-bugs' (*Gazette*, June 1988). I can assure you that nothing was further from the truth when I was at Guy's Hospital and Mrs Emily McManus was Matron.

Does the writer of this sordid description not realize what a horror the doodle-bug was? We used to hear their whirring overhead, and wait in fear for it to stop. Fate might have been decided there and then, had they fallen on us. Matrons were never like this.

I notice that the writer of this article is a man. I am surprised that you allow a man to write a nursing column. Nursing is indisputably a woman's profession, and most male nurses I have met are not as caring as women. (There are a few exceptions who possess these feminine qualities). Your correspondent is also undoubtedly too young to remember what matron was really like. He should not rely on the stories some embittered old nurses spread about. Matron was *kind*, not at all like the indifferent bureaucratic species of nursing officer and director of nursing who never wear uniform and who can't tell one nurse from another.

It is most unfortunate that nurses don't stay in the same post for years and years. The care patients received was far superior when matron knew her staff well, and visited the patients regularly.

Yours faithfully

EDNA D'VAU
Westlease Cottage
Charminster
Dorchester
Dorset

Cambridge Medical Graduates Club

Dear Sir,

For those who may not have heard of this old established club, I have been asked if I could draw attention to its existence and its privileges. For those who qualified at Cambridge after doing their clinical training at Guy's or elsewhere, a ten pound Life Membership brings an annual invitation to a Cambridge dinner on the second Friday in July, together with the opportunity to invite a medical guest. Less regular cocktail evenings have been arranged in London during the winter months.

The last, very successful dinner was given at St John's on Friday, 8 July. The venue for 1989 will be Magdalene on Friday, 21 July. Those who wish to join should simply write to Mr W S Shand, either at St Bartholomew's Hospital or at 149 Harley Street, W1N 2DE.

Yours faithfully,

M H LESSOF
Professor of Medicine

Guy's Hospital Cancer Unit Appeal

Dear Sir

I am writing to thank all of those who helped the Guy's Hospital Charities week raise over £15,000 for the Guy's Hospital Cancer Unit Appeal.

I am pleased to announce that this money will significantly help us in our aim of raising approximately £350,000. This sum will enable us to build a shielded in-patient facility for those cancer patients receiving radioactive treatments either by implants or drinks. This project is a joint venture between the Directorate of Oncology, the Department of Nuclear Medicine and Radiotherapy at Guy's.

Thank you once again for your hard work and I look forward to opening this major development in a few years time.

Yours faithfully

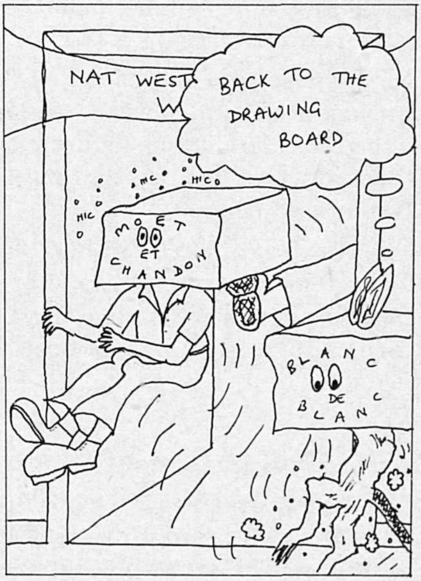
PHILIP HOUSDEN
Business Manager
Directorate of Oncology
Guy's Hospital

Freshers' Special

Freshers' Week 1988

Thursday 29 September	11.30 am	Pub crawl
	6.30 pm	NatWest Wine and Cheese Party
	9.00 pm	Hop, Ballroom, Boland House
Friday 30 September	2.30 pm	Freshers' Fair
	6.30 pm	'Meet your Parent'
	9.00 pm	Hop, Ballroom, Boland House
Saturday 1 October	7.00 pm	Boat Club Disco (to be confirmed)
Monday 3 October	UMDS Party at St Thomas's	

NAT WEST CHEESE AND WINE (FRESHERS ONLY)
BOLAND GO AWAY
BOLAND RAT


NAT WEST W
BACK TO THE DRAWING BOARD
HIC HIC HIC
MOET ET CHANDON
BLANC DE BLANC

Tuesday 4 October	7.00 pm	Inflam, Bar
Wednesday 5 October	2.00 pm	Freshers' Trials, Honor Oak Park, and disco
Thursday 6 October		Rugby Club film, and hop
Friday 7 October		Caribbean Evening

Clubs' Union News

Life is slowly returning to the hospital with the re-emergence of suntanned students from their Club 18–30 holidays. The bar is open again and filling up slowly. Thanks to the new laws, there are no longer the annoying 2 hours to fill between the closing of the pub and the opening of the bar. Six by six would seem to be a thing of the past — any suggestions for a replacement would be gratefully received.

Alas, we have also seen the departure of some faces well-known in Guy's social circles, to be replaced by serious young individuals in white coats who have already caught the 'bleep reflex' — as soon as one goes off within earshot they check their pockets, whether or not they are carrying a bleep.

Also missed will be the newly-qualified physios who, as well as raising money for charity, were good value on their return to the bar after their numerous sponsored pub crawls. We must wish all of them (doctors, dentists and physios) the best in their new careers as responsible people.

As you can see, Freshers' Week has been organized (I use the word in its loosest sense) so I hope everyone will support it and make the newcomers welcome. The first two hops will, hopefully, have themes so keep your eyes open for news.

Stuart Millar
Clubs' Union President

Basic Medical/Dental Sciences — what you can expect

The *Gazette* asked each head of department in preclinical studies to describe the workings of the BMS and BDS courses for the benefit of freshers. Here we publish their unexpurgated views.

Anatomy
Professor Martin Berry

The subject of Anatomy actually comprises gross anatomy (tissues), histology (cells), embryology (development) and neuroanatomy (peripheral and central nervous system). We teach these subjects mainly in practical classes and tutorials, with a spattering of formal lectures. For example, in gross anatomy, the emphasis is placed on learning anatomy by dissection of the human body. This is because functional significance and three-dimensional relationships are best understood from studying structures *in situ*. You all should take this opportunity to adopt a 'hands on' approach with a view to obtaining a good professional understanding of where things are in the human body. The mass of information to be absorbed is daunting, but the burden is less arduous if you are able to visualize structures through demonstration by dissection. Modern anatomy courses have eliminated the detail which characterized the subject in the past. Nowadays, relevance is judged by scientific or educational criteria and according to clinical significance. When you are working in the dissecting room try to remember that the body you are dissecting has been donated to you by someone who believed it would be invaluable for your education as a medical or a dental student. Please try and realize their wishes.

Examinations in anatomy take place at the end of each term to help you discover the level you are expected to attain. You will be exposed to all the types of examinations (viva voce, MCQ and long and short written questions) which form part of the formal MBBS examination at the end of year. All medical students at St Thomas's and at Guy's receive the same curriculum and sit identical examinations.

At the end of the second year, you can opt to do an extra year in the Division of Anatomy to get an honours BSc degree. Our research activity encompasses neurobiology, connective tissue research and primatology. We welcome BSc students to join these research teams to do project and course work as part of the requirement for the BSc degree.

Clinical Studies
Dr John Rees, Clinical Tutor

Throughout the first two years at UMDS, the clinical aspects of medicine and some patient contact will be introduced. There are two main aims of this contact, the first being to emphasize the usefulness of the basic sciences you will be learning in clinical practice, and the

Guy's Hospital Gazette

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second to introduce you to the techniques of taking a history and examining a patient. A major part of this learning will take place in the sixth term, before you start on the wards.

On the Guy's Campus, the first year's clinical teaching consists of Friday afternoon sessions. Friday afternoons are never the most popular teaching slot of the week, but I hope that you will find these sessions interesting. They have a little less pressure associated with them than the rest of the course, but they will reveal many useful aspects of the basic science subjects. This is a time to sit back, meet some patients, be introduced to some clinical concepts, and begin to apply the biochemistry, physiology and anatomy that you are learning.

In the second year, you will begin to examine patients for yourselves, after learning techniques by watching videotapes and practising on each other. Many of the patients are regulars who kindly agree to submit themselves to the first faltering prods of medical students year after year.

The important aspects of communication with patients will be taught in general practice sessions and on the wards. I hope that you will find this 'hands-on' experience rewarding. It can be slightly intimidating at first, but it will be the introduction to the career that most of you will follow for forty years of your working life.

Pharmacology
Professor R G Spector

Pharmacology is the study of medicinal drugs.

The pharmacology course extends over the entire five preclinical terms. It is mainly based on lectures and tutorials. Although much pharmacology research involves animal experiments, the practical work carried out by students is exclusively on the human subject. Any drug effects which can only be seen on whole animal or organ preparations are demonstrated on film.

The subject is built up from concepts of molecular and cellular pharmacology, but from the earliest parts of the course the clinical implications of this knowledge are stressed.

I do not feel that pharmacology is competing for study time with the other preclinical subjects. In fact whenever possible there is integration between the various topics studied at each stage. For example, much knowledge of membrane physiology is needed in order to understand the actions of drugs which act on the calcium channels. Also, it is impossible to study the effects of drugs which influence mood without knowing about the organisation and function of those regions of the brain which coordinate the expression of emotional responses.

Preclinical pharmacology forms a basis for the clinical parts of the course concerned with treatment of disease. In fact the basic concepts of modes of action of drugs and drug groups are essential for the practice of modern therapeutics.

Doctors and dentists very rarely kill patients, but when they do it is frequently due to the result of drug administration. The more drug effects are understood, the safer will therapeutics become. As in all fields of medicine it seems impossible to know enough to make clinical work easy, however it is essential to acquire a rational basis for drug prescribing. After all, the outcome of most consultations between doctors and patients is a prescription.

The preclinical physiology course

Professor Ian Macdonald

Physiology is usually defined as the study of the 'normal function' of living matter and the processes associated with this, and applies to plants, as well as man and other animals. The course at Guy's is orientated towards man as it is felt that a clear understanding of human physiology is essential to the understanding of the deranged physiology of disease. Indeed, throughout the course, the teaching is extended to cover the abnormal physiology of important pathological conditions, such as haemorrhage, shock, cardiac and renal failure.

The course consists of lectures, practicals and tutorials. The lectures cover each body system, such as the cardiovascular, respiratory and renal systems, as well as the way the function of these systems integrate with each other. Practising clinicians contribute lectures on the physiological basis of disease. The practical course illustrates and extends the lecture course by experiments carried out mostly on man (fellow students!).

Each student attends a weekly tutorial where opportunities exist to discuss any problems that may have arisen in understanding. These tutorials also introduce the student to the concept and practice of drawing conclusions from data which are presented at the tutorial. This is felt to be specially relevant to the practice of medicine and dentistry where patients present with symptoms, and signs are elicited on clinical examination. From this information the doctor or dentist has to draw a conclusion (diagnosis), and only after this can the correct treatment be advised.

The length of the physiology course for the medical students is five terms, but for the dental students there is an entirely separate course of three terms. For both groups there is an opportunity for the more able student to study for an Honours BSc after completing the BMS or 2nd BDS course.

Book Reviews

Essential Pathology for Dental Students. W Lawler, A Ahmed and W J Hume. 160pp. £9.95. Soft cover. Churchill Livingstone.

By a remarkable feat of compression, the authors have reduced the whole of general pathology to less than 150 pages. The first 50 pages are devoted to general principles; the remainder deals with systemic pathology.

Though, from time to time, examiners have felt doubts as to whether dental students read any books at all, it seems likely that they will read short ones rather than long ones. With long texts it may not be easy to separate the wheat from the chaff, but with short ones it is even more important to put the emphasis in the right places and to allocate space accordingly.

It seems a pity therefore that, in so short a textbook of *general* pathology, so much space is given to such things as recurrent aphthae. One would not have thought of them as being one of the major scourges of humankind or even of illustrating any important pathological process. Neither does it seem to be the best use of the space available to indulge in two separate dissertations on the (highly speculative) immunopathogenesis of periodontal disease. The resulting impression is that the innumerable pathogens which crowd these tissues are mere bystanders. In sharp contrast is the statement that 'joint infection may somehow be involved' in the aetiology of rheumatoid arthritis, which seems likely to lead many readers to think that it is an infective arthritis. Whatever the role of microbes in provoking autoantibody production, most would consider that a far more plausible case had been made for rheumatoid arthritis as an immunologically mediated disease, than has been made for recurrent aphthae or periodontal disease.

The chapter on effects of radiation, which even invokes the 'law of Bergonie and Tribondeau', is not very helpful and is on a far more technical level than the rest of the text.

Another curiosity is the inclusion of a distinct category of 'benign hypertension'. Moreover, having said that it is a mild disease with a good prognosis, the authors then point out that it confers an increased risk of heart failure, ischaemic heart disease and cerebral haemorrhage. What then must a disease with a *bad* prognosis be like?

The most serious limitation is probably that AIDS is treated as one of the least important subjects. It is dismissed in half a column (less than a quarter of the space given to recurrent aphthae and periodontal disease!) and it is ignored throughout the rest of the

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text. The authors also, incidentally, seem to have some obscure objection to the term 'retrovirus'. In view of their obsession with the supposed immunopathology of dental diseases, one would have thought that they could have had a field day with the acquired immune deficiency syndrome. It is not merely that it is an area of knowledge with somewhat firmer foundations — surely this disease is more important to the dental student struggling with general pathology, not to mention to several million other people?

Of course, when a large subject is being compressed into a small space, no two people are likely to agree about what needs emphasis and what can be put aside. If therefore, a few curious quirks in this text can be ignored, its brevity and coverage are admirable, and it will form a useful addition to dental students' reading lists.

BDS Textbook of Physiology. D Emslie-Smith, C R Paterson, T Scratcherd & N W Read. 11th Edn. 548pp. £19.95. Soft cover. Churchill Livingstone.

The first edition of this textbook was known as 'BDS' after the initials of the three authors (it does not refer to dental bias). It was immediately successful with a new edition every three years or so. It is now eight years since the last edition and the current volume has been completely rearranged. Most of the chapters are new and the rest radically re-written. So will 'BDS' still find favour with today's medical students, for whom it is primarily written?

One of the attractive features of the earlier editions was the clarity and simplicity of the diagrams, and there were plenty of them. This feature is unchanged, and some of the diagrams have been updated. For a multi-author book the style is, in the main, easy to understand, and the sentences uncomplicated. It is only too easy for a reviewer to complain that there are omissions and inclusions that he/she does not agree with, but with this volume there are, for this reviewer, relatively few of either. It is because the order of the chapters matches very closely the physiology course at Guy's?

Should the medical student be advised to invest in this latest edition? At £19.95 it is, by today's prices, very good value, albeit in soft cover. With the introduction of small and inexpensive textbooks covering most of the topics of lecture courses, is there a place for a general textbook of physiology? The answer must be yes, because certain areas are not covered by these small texts. For example, thermoregulation, which is well done in this volume, a general introduction to immunity which now forms part of elementary physiology, nutrition and reproduction and pregnancy are all topics not currently covered by brief texts for the medical student.

Finally, this volume is more convenient, and it is smaller in size and volume (30% of previous edition), and weighs 20% less with no apparent loss in substance.

Ian Macdonald
Professor of Physiology

Learning Physiology Through MCQ — a comprehensive text. Mary L Forsling. 232pp. £8.95. John Wiley & Sons.

Multiple choice questions (MCQs) are not part of the physiology examination for medical students at UMDS. There is no doubt, however, that learning physiology is more effective and enjoyable when the reading of lecture notes and text books is interspersed with critical self-testing. This MCQ

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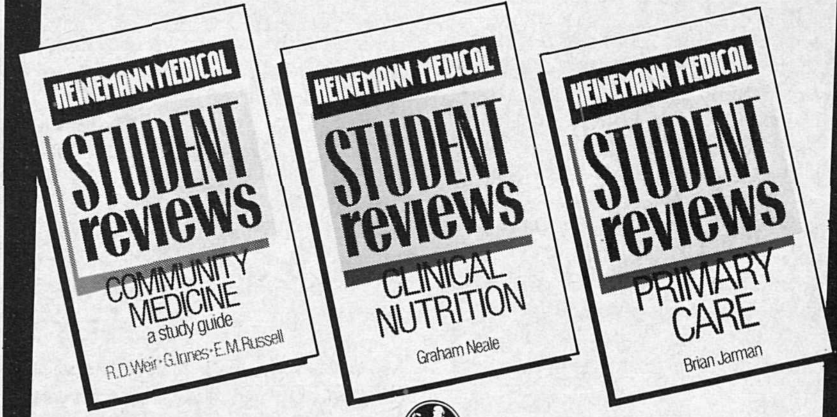
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book has the advantage of detailed explanations accompanying the answers, but unfortunately this first edition has quite a number of mistakes, including answers which contradict the explanations given. Students using the book should be prepared for this.

Jane Ward
Lecturer, Department of Physiology

Manual of Clinical Haematology Edited by Joseph J Mazza. 416 pp. £9.95. Soft cover. Little, Brown and Company.

This compact and inexpensive spiral bound volume written by twenty distinguished American Haematologists under the general editorship of Dr Mazza contains concise descriptions of common haematological disorders. Although directed at students and ward physicians this book is an admirable vade-mecum for all who are interested in haematology. Most books which offer as much information are costly, bulky, and heavy. Impressive on the library shelves but cumbersome on the bench or desk, the big texts on haematology do not make good travelling companions. In contrast, the *Manual of Clinical Haematology* is produced in a lay-flat, user-friendly format. It has a slightly smaller print size and closer lines than bigger hardback volumes, but these space-saving economies do not disturb the eye. Although pruned of redundancies, the descriptive sections are easy to read and are supported by diagrams, tables, lists, a series of informative appendices, useful references and suggestions for further reading.

Since the authors are American, here and there slight differences of emphasis or practice are apparent, but these are of no great consequence. The manual contains everything UK undergraduates are likely to need to know for finals and much more besides. Selected sections would make excellent revision reading preparatory to the MB examinations, while those working for higher diplomas will find it an excellent guide.

K G A Clark
Consultant haematologist

A Handbook for Trainee Psychiatrists. Edited by Keith J B Rix. 1st Ed. 301pp. £8.50. Soft cover. Bailliere Tindall.

I wish I'd had this book two years ago. Perhaps I would not have attempted to detain that patient on a six-month compulsory order on day one of my first job. The difficulties of coming fresh from house jobs, thrust onto a disturbed ward, and expected to sort things out are frankly addressed.

Keith Rix, from the Department of Psychiatry in Leeds, has provided most of the useful information needed to survive the early years of psychiatric training. Basic advice on the work of the duty psychiatrist is particularly useful. There are three main sections. The first deals with the day-to-day running of the psychiatric service. The second deals with treatment and the third focuses on special topics such as mental health law and preparing for examinations.

Despite a good overview of mental health legislation there is little advice on the practical issues one faces in a busy casualty department. Can a patient be transferred to another hospital under Section 4? Does a patient need to remain in casualty for a social work assessment pending implementation of Section 2 after having been brought in by the police under section 136? These questions are the bane of trainees' lives and deserve discussion.

I would recommend this book to all potential trainee psychiatrists and those in their first six months.

Adrian J B James

Muscles in Action. An approach to manual muscle testing. J H Cole, A L Furness, L T Twomey. Churchill Livingstone

This book, whose three authors are from the Perth (Australia) school of physiotherapy, is a very structured account of the way voluntary muscle strength can be evaluated manually. It is principally intended for students, especially physiotherapy students, but also serves as a convenient reference for clinicians.

Part 1 discusses the limitations and describes the grading systems of manual muscle testing followed by some clinical guidelines. Part 2 is divided into sections devoted to upper limb, lower limb, trunk and neck, in each of which individual muscles are described. These include the muscle attachments, where the muscles can be palpated, what actions they perform, and the testing position to be used. Each section is accompanied by a photograph on which the line of the muscle fibres, the direction of movement, and the direction of the tester's manual resistance are all depicted by superimposed arrows.

The structured nature of this text makes it easy to use as a reference but seems to have produced some anomalies. A number of muscles are described, for example the respiratory muscles, with no applicable tests. These muscles are apparently included for the sake of completeness. Unhappily the inaccurate jargon term 'gravity eliminated' is scattered throughout the text. The unclear thinking that it represents is illustrated by, 'The increasing resistance is afforded initially by the weight of the segment to be moved. To this is added gravity and then manual resistance'. Gravitational force still acts downwards (even down-under) and accounts for the weight of the part!

The declared aim of the authors is to provide a degree of consistency not found elsewhere and in this they clearly succeed. Quite the best and most useful feature of this book is the series of clear annotated photographs illustrating each muscle test. While one could wish for a more rigorous discussion of the limitations of individual muscle testing and its objectivity, this well-presented book will have a valuable place in physiotherapy education and clinical medicine.

John Low
School of Physiotherapy
Guy's Hospital.

Immunology. D M Weir. 6th Edn. 312 pp. £7.95. Soft cover. Churchill Livingstone.

The sixth edition of Weir's *Immunology* is aimed specifically at the undergraduate medical student and in its 'student notes' format it presents a concise introduction to the ever expanding field of immunology. The book has been split into two sections. The first section outlines the basic concepts of immunology and the second section, of six chapters, deals with their application to immunologically related disease states. Each chapter begins with an outline of objectives in the form of short questions, and this is followed by a neatly arranged text with appropriate headings and sub headings. As an added benefit all the key words stand out in bold type.

The first section, on basic immunology is cleverly constructed to cover as much as possible. Some topics are given a broad introduction and discussed in terms of evolution (immunology in invertebrates) while others are more specific and discussed in some detail at the molecular level. The important chapter on acquired immunity requires more careful reading than some of the other chapters. The second section, 'Immunology in action', while clearly unable to give quite as much detail as required, is enough to whet the appetite and give a good introduction to the diverse field covered by clinical immunology. The chapter on infection immunity and protection gives a good overview of the mechanisms involved.

Particularly helpful is the cross referencing (by page number) of topics introduced in a previous section or to be covered in later chapters. Every effort has been made to update the book with reference to the problems associated with HIV infection, as well as the most recent results from the author's own particular field of research interest. It does suffer from more than its fair share of spelling mistakes.

In conclusion, this book provides a concise introduction to immunology and stands up well to all that it claims. It is good value for money.

Dr P Shepherd
Roger Brookes

Obituaries

Dr Ian Stewart MD, FRCP

Ian McDougall Guthrie Stewart entered Guy's as a first year student in 1933, to be known forthwith by most of his contemporaries as 'Duggie'; affectionately but misguidedly. Before replying to this soubriquet, he would pause, then quietly remark, 'Not my name' — thereafter immediately resuming appropriate conversation. We became close friends and to me he was always Ian. Together we played rugby, pursued our studies, and qualified in 1939; his rugby was brilliant and outstanding for the 1st XV, interrupted only by a series of fractures. At fly half or centre his remarkable acceleration contributed not only to his verve but also his vulnerability when tackled.

On the outbreak of war he volunteered for active service in the RAMC, and was posted to the 1st Welch Regiment. His war career was distinguished by two mentions in despatches; and by his remaining with the wounded to be captured after the fall of Crete. His book *The Struggle for Crete* (OUP 1966) remains a classic. He has also written briefly but vividly of his POW experiences in the symposium *Beyond Hatred*, edited by Guthrie Moir; as well as a single play, *Without Armour*. Our post war reunion was as Ex Service Residents at Guy's, whence he went on to teach at Bristol, which he combined with sports commentaries for the BBC.

His academic and clinical career as a cardiologist with special authority on hypertension came to full flower at the Victoria Hospital in Blackpool, where he deservedly won international recognition. He travelled widely, and on retirement he spent a year (1982–3) as Professor of Medicine in Malta, by special invitation.

Throughout his career his contributions to medical literature were prolific, and particularly notable for the exquisitely precise style which was his hallmark.

He died on June 9th 1988, in his 74th year; and I write this personal memorial at his widow, Marilyn's, suggestion. For me, and for countless other Guy's people who knew him, he will be remembered for his unique personal qualities as well as his professional eminence. He was a warmly affectionate friend, a superb teacher, a man of immense physical and moral courage throughout a varied and complex life, and possessed of sincere and determined opinions which he was never afraid to express. It is an honour to pay homage to his memory.

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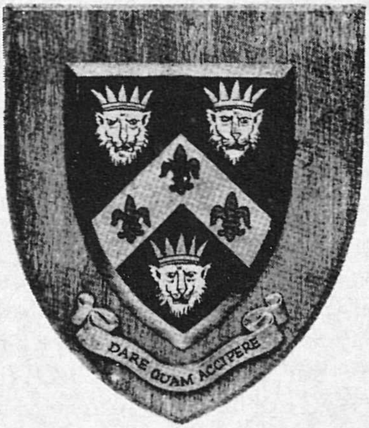

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The Controversial Conservative — an interview with Mr Ian Fentiman

One Guy's man whose name often appears in the national press is Mr Ian Fentiman, Deputy Director of the Imperial Cancer Research Fund's Clinical Oncology Unit, and a specialist in breast cancer. His interest in conservative alternatives to mastectomy and his outspoken condemnation of the inadequacies of private screening clinics have led the media to treat him not only as a 'controversial leading cancer surgeon', but almost as a women's rights campaigner to boot. The *Gazette* sought an interview with him to find out more about his work within the Breast Unit.

Perhaps you could begin by telling us a little about the way in which breast cancer has been treated at Guy's over the years?

'We are really continuing the process which began originally with Hedley Atkins in 1936, when he first set up a breast unit at Guy's. At first he wasn't allowed to treat breast cancer, which was a specialty for established surgeons, so originally the unit was for the treatment of "mastitis". Then he pioneered the first ever clinical trials for late breast cancer, comparing different methods of treatment. Note that he restricted his work to late breast cancer, because there was in those days only one treatment for early breast cancer, namely, mastectomy. Later, however, as his work grew in reputation, he was able to conduct trials of the effectiveness of treatment of early breast cancer.

'Nowadays, we have a variety of approaches we can use for the treatment of breast cancer, ranging from limited surgery, combined with radiotherapy (both internal and external), endocrine therapies and cytotoxic chemotherapy. One of the most important factors in the treatment of breast cancer is the achievement of local control. Recent studies have shown that our methods achieve as good local control as more extensive surgical measures.'

You have recently been quoted in the press as condemning the practice of many private breast screening clinics, which often have inadequate clinical back-up to support those women whose results show some evidence of abnormality. What are the most harrowing times for a patient with a positive diagnosis of breast cancer?

'The traumatic times are undoubtedly at first diagnosis, and then at recurrence of the disease should this occur. This is why it is terribly important to reassure women who are anxious at this stage, and why I made the remarks that I did about private screening clinics. It is no good at all giving a woman a mammogram if the clinic has no resident specialist able to advise upon the results. In outpatients now I have an average of three or four patients per clinic who come to me, with or without a mammogram, and who have been terrified, usually completely unnecessarily, by being told that their screening results are "abnormal". Proper clinical back-up is really essential in any responsible screening service.'

It has been recommended that breast cancer screening should be available on the NHS. What effect do you think that this will have?

'Screening is much more difficult to do properly than most people think. Breast cancer causes about 15,000 deaths per annum in the UK. It has been suggested that screening should be offered to women in the 50–65 age group. This immediately raises one problem — half my patients are over 65. So there will be a large group of important, at-risk individuals who will not be offered screening. Secondly, only about two-thirds of those offered screening will actually take it up. Among the remaining one-third, there will actually be quite a high proportion of sufferers, who are denying their condition. Thirdly, the evidence is that even among those who are screened, in the very best circumstances about 5 per cent of cancers are missed. For example, Barbara Thomas, in Guildford, has shown that even highly experienced radiologists will miss a proportion of early breast cancers that can be identified by specialists in screening.

'All these factors suggest to me that of the 15,000 fatal breast cancers each year, screening might be able to identify about 3,000. In West Germany, for example, where they perform of the order of 4 million mammograms a year, the death-rate curve from breast cancer has remained completely flat. So you're talking about an extremely expensive system which might identify about 20 per cent of breast cancers.

'For younger women, screening is even less cost-effective. A recent ten year study of symptomatic 35–40 year olds indicated that out of 5,000 mammograms, there were 114 cancers, of which only 8 had been biopsied as a consequence of the mammographic appearance. To perform 5,000 mammograms to diagnose 8 cancers is extremely expensive.

'There are also legal problems that might arise out of breast cancer screening. What might the legal consequences be of a missed diagnosis? If, under the best possible circumstances, 5 per cent of cancer cases are missed, and each of those people successfully sues the screening service, the costs of compensation might exceed those of running the programme. There will therefore be a need to educate the at-risk population on what to expect from a screening service, and its limitations.

'The next problem is what will happen to those cases which are diagnosed as a result of a screening programme. How will they be treated? The evidence is that they will fare much better in specialist centres, but unfortunately many of them will not be treated at once. After all, general surgery is a shrinking field, and all general surgeons are trained to do mastectomies. In many cases this will be inappropriate. So an approved system of training surgeons will be required, otherwise far too many women will end up having mastectomies.'

You can't be very popular at the Royal College of Surgeons!

'Well, I think there are a number of people there who share my views on conservation treatment, but the idea of consultant surgeons needing additional training in aspects of screening may appear alien to many.

'Evidence alone won't prevent surgeons from doing mastectomies. I have been saying for years that the practice of doing a frozen section in the operating theatre and then proceeding to mastectomy must stop. A training programme is the way to do it.'

How does the Clinical Oncology Unit at Guy's compare with other centres?

'Journalists always want to know that, just as they can never describe one as a surgeon — it has to be as a "leading cancer surgeon". The answer is that Guy's is not the biggest breast cancer centre in terms of numbers of patients — we certainly have less than the combined centre at St George's/The Royal Marsden. But we do have 300 new cases each year, the majority of whom are structured into clinical trials, which gives us a good body of research data. We are also in a good position compared with multi-centre groups when it comes to things like standardizing methods of treatment.'

Are there any new developments within the unit?

'We want to have a total breast unit, not just a breast cancer unit. In particular, we have been trying to improve treatment of mastalgia, or breast pain, which is one of the commonest causes of GP consultations among women. Mastalgia may have a variety of causes. Some relate to premenstrual changes, but in some cases the pain may be severe, persistent and debilitating. We have been conducting a trial using tamoxifen to treat such breast pain, and the early results look promising.

'In terms of breast cancer treatment itself, we have been very pleased recently to be able to purchase a Microselectron, which is an automatic loading and unloading system for radioactive implants. It has been funded, at a cost of £90,000, by patients and relatives of sufferers and the Imperial Cancer Research Fund, and we are saving up for another. The machine will help to reduce the hazards of radiotherapy to the nursing staff, and has the benefit of making the treatment less complicated for patients.'

Your conservation treatment of breast cancer has been shown to be as effective as more radical measures in prolonging the life expectancy of sufferers. Do you have any evidence for the apparently-obvious proposition that it improves the quality of their life as well?

'There have been trials conducted comparing the psychological effects of mastectomy and more conservative techniques. The results show that there is slightly less anxiety and depression among patients who have been treated more conservatively, but the effect is nothing like so marked as one might have predicted. One possible reason why there is not a more marked improvement might be that fear of recurrence is a major causative factor of affective disorders in breast cancer sufferers. This fear might be less prominent in some who have been treated with total mastectomy. Because of a large body of information from clinical trials, there is enough evidence for the setting up of a coordinated, humane and efficient NHS screening service provided that it is adequately funded. Several questions remain unanswered and a national initiative would be an important weapon in the fight against breast cancer.'

More Pedalling in Peru

A further report on the Guy's Research and Cycling Expedition

Jamie Barwell and **Neil Davies**, now safely returned from South America, sent the *Gazette* this report of the second half of their expedition (see the May 1988 issue for the first instalment).

We have spent the last two months working in conjunction with CAICET (Amazonian Centre for the Investigation of Tropical Diseases) as the first phase of a collaboration project to investigate plant medicines. We have successfully completed the field study in the upper Orinoco region, and have collected botanical samples (for identification of the plants) and also sufficient material for chemical extraction in the second phase of the project.

The Yanomami population is characterized by a culture closely related to the tropical forest, where traditional activities are relied upon to provide the basic materials for survival. These activities, such as fishing, hunting, gathering, production (for their own use and for limited commercial purposes), slash and burn agriculture, and others, present very few modifications, even though many Yanomami communities interact or maintain sporadic contact with non-Indian populations.

Another ethnic group in the area of the Alto-Orinoco, is the Yekuana, who have had prolonged and sometimes violent contact with other Indian and non-Indian groups. This caused their leaders to try and strengthen their social and cultural position. They have taken, in this way, only those elements of the outside world that may be useful, conserving to a very large extent their autonomous culture.

In the area of the middle Orinoco the Indian population consists mainly of Piaroa groups who, together with Guahibo groups, occupy the zone adjacent to the non-Indian population centres, and form part of the same. Whereas those groups closest to the non-Indian population have to a large extent substituted a Western lifestyle instead of their traditional lifestyle, those groups more distant present few such changes.

We found informants by recommendation from persons known to members of the expedition. The informants tended to be older members of the community. Each informant was asked to take us into the forest and show us the plants used as medicines, indicate their method of preparation and application. As complete a botanical specimen as possible was collected of each plant, and great efforts were made (with the help of the informants) to find specimens in fruit or flower. In the majority of cases sufficient quantity of the medicinal part (300–500 g dry weight) was also collected, to permit scientific investigation. The Indian name for the plant was also noted.

The botanical specimens were pressed and conserved in 70% alcohol until they could be dried on our return to the herbarium in Puerto Ayacucho. The material for scientific investigation was prepared in such a way that the drying process could start in the field (i.e. in the direct light of the sun) without the use of alcohol. The process was completed on our return to the herbarium.

Results

The key to the success, or otherwise, of this phase of the project was the quality of the informants. We had more faith in those informants who were recommended by others than in those who offered their services to us. We never offered payment in advance. In most cases the informants requested some form of payment after their work, this was usually to cover the *time* spent with us as opposed to the information given. We certainly didn't want to be seen to be 'buying medicinal plants'.

On several occasions, we were impressed by the integrity of the informants. Especially when we were looking for fruits or larger specimens of a plant, the informants never allowed us to collect the wrong material, despite the fact that it would have made our (and their) work very much easier. Every one of the informants emphasised the fact that the younger members of the group had no interest in learning traditional healing methods. This was usually attributed to the arrival of modern medicines and the fact that other education was now available to the youngsters.

Medicinal plant usage

Yanomami

Yanomami traditional medicine tends to be based almost entirely on spiritual healing. Certain Yanomami Indians, however, did use one tree in the treatment of malaria.

Yekuana

Although traditional medicine was no longer the first course of action for the groups we visited, certain of the older members of the community were able to identify substantial numbers of plants used to combat various symptoms. The information from different informants correlated very well, and the uses of the plants seemed specific. Where the Yekuana were acquainted with the modern medical diagnosis of a disease (e.g. Leishmaniasis) they were able to relate that to the traditional medicinal usage of the plants.

Piaroa

The Piaroa also knew a substantial number of plants used for various symptoms. Although some correlation was seen between the plants shown to us in the two villages visited, there was little overlap. This probably indicates that we only 'scratched the surface' of their knowledge of plant medicines. Luis (the school teacher from Alto Carinagua) said that people in his community did know of a tree used as a treatment for malaria, but he couldn't identify it for us.

A list of the symptoms/conditions that the plants we collected were said to be useful for included: malaria, leishmaniasis, intestinal parasites, muscular pains in the elderly, abdominal pains, ear infections, irritation following insect bites, eye infections, snake venoms, sting-ray venoms, pregnancy promotion, twin-birth promotion, fungal infections, measles and prevention of post-natal illness in mothers.

GRACE had now embarked on the cycling stage of the expedition. The object is to cover relatively inaccessable areas to enquire into the local use of medicinal plants, with a view to possible further field studies by other groups in the future.

The cycling journey had been sponsored from various sources, and the funds thus raised (at present about £6,000) will be divided between the charity 'Intermediate Technology' and cancer research at Guy's Hospital.

We left Cuidad Bolivar (on the banks of the Orinoco river) and cycled south. We spent several days following a very seldom used dirt track across Savannah countryside. The bikes and panniers coped exceptionally well with the massive potholes and rocks strewn everywhere. However, we had much difficulty in patches where the road was pure sand — like trying to cycle through flour!

We ran into bad luck when local knowledge of the route seemed to be lacking (there are no maps of this area) and we spent two days being sent backwards and forwards, trying to find the correct point to cross the 'Rio Caroni'. We were eventually taken across in a tiny dugout canoe, which just about coped with the rapids, and were 'dumped' on a beach, seemingly in the middle of nowhere.

After we had set up camp, a Venezuelan arrived at the same beach, looking for gold and diamonds. We were amazed to find that he lives in St Austell, about 20 miles from Truro, my home town in Cornwall! He is only back in his home country of Venezuela for a few months. Ramon Jimenez pointed us in the right direction. Up a steep jungle path, where we had to push, drag and carry the bikes. From Canoima, we plan to find either a boat or plane to get us through the rest of the jungle (impenetrable in this area) on to the 'Gran Savannah' which covers South East Venezuela.

We took some time away from cycling to follow a trail originally cut out by the Veteran US pilot, Jimmy Angel, to the top of the impressive Auyan Tepui; the massive flat top mountain from which springs the Angel Falls. The Karrimor 'mountain panniers' were converted to rucksacks for the climb. At 8,000 feet, the warm Karrimor sleeping bags and jackets were essential.

Returning to work, we had been asked by Dr Bray to try and establish links with institutes in Manaus (Brazil) and Pucallpa (Peru) — with a view to possible collaborative projects in the future regarding medicinal plant research. Both institutes were very enthusiastic about the proposals and are beginning the first steps in overcoming the considerable bureaucratic hurdles necessary for such joint research projects.

From Pucallpa (east of the Andes, in the upper reaches of one arm of the Amazon River) we set out to cross the Andes by bicycle. The first stage, towards and up into the Andean foothills, was filled with numerous reports and warnings from the local population regarding terrorist actions of the anti-government forces, who were apparently active in the area. Being assured we were about to be shot with machine guns made a refreshing change from being told that we were about to become a tiger's dinner! However, apart from various searches of the bicycles and 'interrogations' by black balaclava-clad men wielding machine guns, we were lucky enough to escape any serious problems. It was impossible to tell which were government soldiers and which were bonafide terrorists.

We cycled over the first peak of 7,000 feet with no hitches and rested for a day in Tingo Maria, the central village of the fertile, forested plane. Tingo Maria is nick-named 'Snow City'; apparently a centre for collection of coco leaves grown by the local Campasinos for the cocaine industry.

The next peak was 10,000 feet, leading us over into another fertile valley; flood plain of the river Huallaga. Our stay in this valley was extended by our first serious attack of diarrhoea. We knew the next section of the expedition was likely to be hard; an 8,000-foot climb up to an altitude of 14,300 feet. We decided to split the climb into two equal days. Unfortunately, our maps let us down and we discovered that we had covered well under half the ground on the first day. We had no more food, so we needed to make sure and cross the 14,300 feet pass near Cerro de Pasco that night, reaching the 'altiplano' on the other side.

Late in the afternoon, Neil seemed to be having no problems, and I was suffering from lack of stamina. I could barely turn the pedals three times before stopping to rest. However, local advice assured us we were close to the pass, so Neil went on up to take some pictures while I took my time. I had thought that the altitude was first making me a bit tired but about 20 minutes later, the headache started and I got off the bike to fill up with water from a lake. It was then that I suddenly realised what was happening. My legs went to jelly and a feeling of nausea (very much like sea-sickness) overcame me.

Trying to re-mount the bicycle, I fell off three times and realised I couldn't continue. Time had gone by. It was getting dark. The temperature was falling quickly. Luckily, I had the sense to put all my clothes on and climb into my sleeping bag. My headache got worse and worse during the night and I could picture in my mind the words in the medical text book, 'The only treatment for mountain sickness is to reduce the altitude of the patient'. But I was stuck; it was impossible to move anywhere, let alone down a mountain-side!

By dawn, a thick layer of frost lay all around and was covering the wet exterior of the Karrimor sleeping bag but by some miracle of modern fabric design, I was warm and safe inside the bag. I found my way on to the road and pretended to die in front of a passing truck. The driver got the message and took me to a nearby *pueblito*, where I was given hot drinks and mothering by an Indian woman.

It was a relieved Neil who found me later (he'd spent half the night shouting down the mountain side after me) huddled in a corner, feeling lucky to be alive.

On the 10th July, we finally reached the top of our final pass — at 15,850 feet; our highest altitude yet. It was a good feeling to know that all we had to manage now was a 90 mile down-hill whizz to Lima, on the Pacific coast. We calculated that in total we had climbed the height of Mount Everest (separate climbs of 8,000 ft, 7,000 ft, 4,000 ft, 3,500 ft and 3,000 ft).

A couple of weeks' sightseeing in Peru will be followed by a series of meetings in Caracas. Dr Bray will join us and will be discussing testing of the plant material, at present in Venezuela (collected during our field studies in April/May).

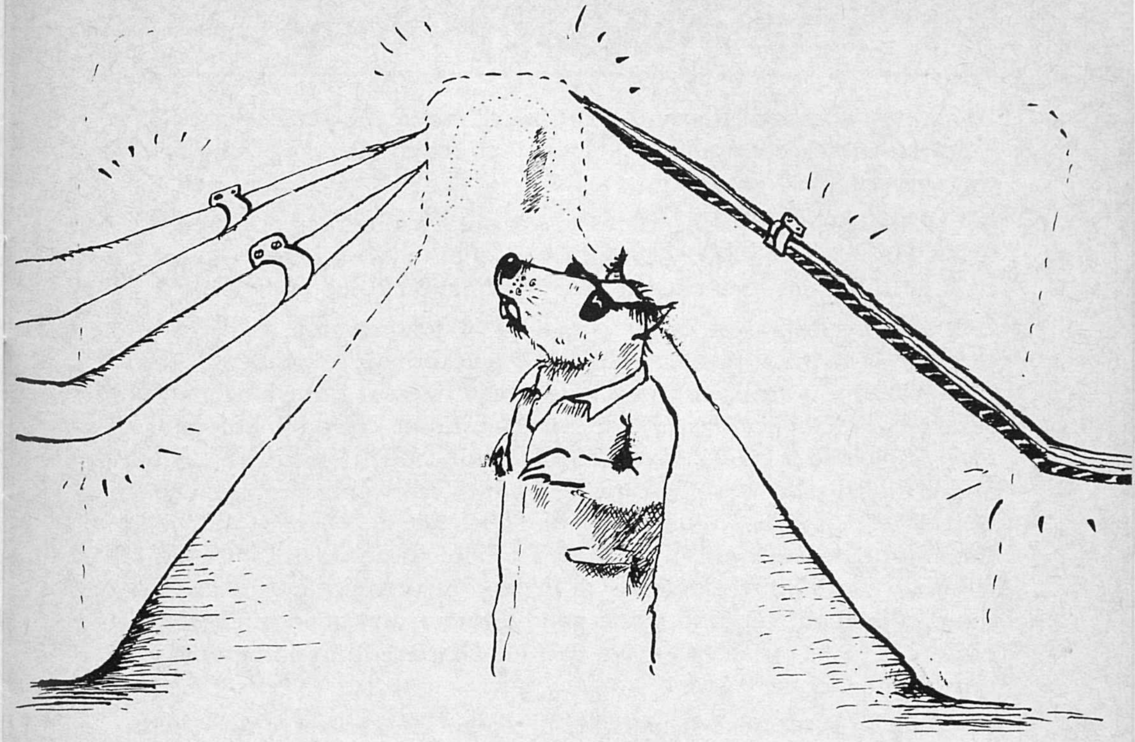
We return to the UK on the 13th August.

We would like to extend our thanks to everyone who has helped with GRACE, especially the following: A Devonian industrialist; Arcade Supermarkets; Barron's of Farnborough; Baxter Health Care; BMW Cars; Brooks Saddles; Ciba-Geigy Pharmaceuticals; Karrimor International; Marin Mountain Bikes (ATB Sales Ltd); Medical Defence Union; Medical Protection Society; Miller Print Ltd; Timothy Guy Design; Wiltshier Buildings.

Ratty in the Underworld

After a quiet summer recovering from his space adventure, Ratty returned to observing the changes that are going on in SE1. As he scuttled along St Thomas' Street he had noticed with interest the excavation going on in the site opposite the hospital's main gates. Some very interesting structures had appeared. Could they be Roman? They were certainly very old, but although Ratty was pretty good on sewers his archaeology was weak. The only person he knew who might remember what these ancient structures were was his old friend Mole.

Around Guy's itself Ratty had been struck by some very interesting signs. He knew that there had been changes at the top in the last few months and he thought he would look around to see what evidence there was of the Chantler era. Ratty tended to use the underground system to move about the hospital, particularly during the wet summer, and he could not help noticing how clean and shiny the walls had become. In fact, the new coats of paint had made the tunnels so bright that Ratty found that he had to wear sunglasses. While he agreed that the tunnels were now looking very much smarter (as were several other parts of the hospital), he felt much more conspicuous and wondered if he should have a blond rinse in order to blend inconspicuously into the background.



Ratty dazzled by the gleaming underground walls.

Occasionally, Ratty looked round the wards and outpatient clinics to see what was going on. He spotted one very interesting matter. Hospital linen bears a conspicuous coloured stamp to show where it belongs, presumably to discourage pilfering. What Ratty noticed was the extraordinary number of places from which some pillow cases and sheets had come. For instance he saw the health authority stamps of St James, St Nicholas, Greenwich, Birmingham, King's and Brighton among others. He had heard that in one ward a patient with four pillows had pillow cases from four different health authorities. Ratty was puzzled about this until he realised that that clever Professor Chantler had travelled a good deal, telling the bosses around the country what an excellent system of management they had at Lewisham and North Southwark, and what had probably happened was that he had brought back with him some souvenirs. No wonder he had done so well with the budget.

Physiotherapy Notes

The Guy's Hospital Physiotherapy diary for 12 August 1988 read 'Retirement Reception for R J Cooper, Principal, School of Physiotherapy (E).'

Ronald Cooper came to the School of Physiotherapy on 18 July 1960. He was appointed Assistant Principal to Miss Jean Watkins in June 1963 and succeeded her as Principal on 1 September 1968.

The evening was happy, relaxed and successful. Past and present students, staff, friends and teachers were gathered to reminisce and to contemplate the future. Professor Ian Macdonald recalled Mr Cooper's past years, from training, through student-teacher days to this juncture. That Ronald Cooper is a gifted, kind and civilized man was made clear. That many young people, who were at a crisis point in their lives, had been given a chance to prove their worth as a student in the Guy's School was evident. Through freedom — within the bounds of loyalty, structured and unstructured education, fun and tears, good humour and good guidance, hundreds of young people have become chartered physiotherapists during the Cooper age.

Led by Professor Macdonald, all the guests thanked him for his dedicated service to physiotherapy and to Guy's, and wished him a long and happy retirement in his chosen part of the country. From the selection of presents, which included a wheelbarrow and green wellies, one can envisage an active time ahead, hopefully refreshed occasionally by a famous fine amber liquid held in the crystal tumblers.

The loss of the School of Physiotherapy at Guy's will have many short and long term consequences for Guy's as a Hospital, as a place of training and as a place of excellence. Mr Cooper's retirement and loss of influence in the School is another milestone. Those who will lead the School through the next four or five years have not an easy task, but will, I am certain, continue with the formation of chartered physiotherapists of whom Guy's can be proud.

Diana Innocenti
Guy's Hospital

Sue de Monas

Welcome back to the pit all you scrubbers who have been away on holiday. As for those gullible enough to have accepted the little dot sent to them by UCCA — I hope you managed to survive the rigours of Freshers' Week. I must say, this year's Freshers look positively paediatric. I do wish people would realise that there is more to life than qualifying before the age of 23!!

It is with great sadness that I must bid farewell to so many of our Spit ladies, as the catering facilities have been transferred to the auspices of the 'Tower people'. I know one always complained about the Spit food when it was under the care of the medical school, but let us vainly hope that the new culinary efforts don't degenerate to the same appallingly overpriced garbage as that found in the 'other restaurant'. Apart from the ever changing price of tea, the tacky plastic flowers and the laughable economics (a ham salad roll is cheaper than a ham roll on its own) — things in the Spit seem unaltered.

Brain Death

I think idiotic answer of the month must go to the student who was asked by a rather serious young registrar 'what one couldn't do, that was important for women, if one had one's obturator nerve divided'. The answer of course (for a bonus of ten) is cross one's legs, but the inventive student, having pondered the question for some minutes, replied that the poor woman would probably be unable to have orgasms!!! This went down well with the attendant consultant who, amidst gales of laughter replied that he didn't think it was important for women to have orgasms, to which the student calmly stated that neither did it seem important for the women in L&NSHA to be able to cross their legs!!!!

Lastly, my congratulations and best of luck (you'll need it!) to all those bright fourth year path students who entered themselves for all five parts of this November's finals retake instead of just path.

Sport

RUGBY CLUB

National Medical Schools Sevens

In unprecedented style, three teams were sent to this joyous occasion and all performed memorably.

The 1st VIII won their group easily with good victories against Bristol B, Manchester A and Belfast A. The quarter final produced a little scare, and at one stage we trailed by eight points. Eventually things picked up, however, and we beat Dundee A 20–12. The semi-final was a hard-fought game against a strong Cardiff A side; their policy of tackling everybody, regardless of where the ball was, together with ours of 'minimum restraint' in the centre, led to our demise 18–0. It was a good team performance throughout.

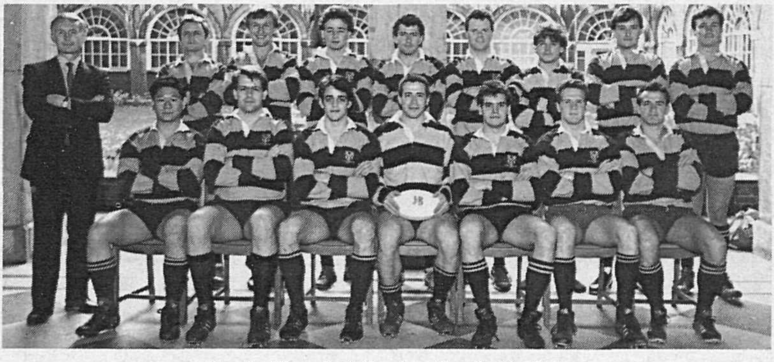
The 2nd VIII had a storming start beating UCH I through good tries from Skyoom, Redman, Povey and Davies. The loss of racer Redman (leg injury) and Watts playing with a back injury did not help the cause. The two games that were lost were played with spirit, especially the second, when the team had to be dragged from the bar into the extremely blustery and cold playing arena. The whole squad played well throughout the tournament.

The 3rd VIII lost only one game and that was to the eventual winners. They took to the field against Manchester A without their captain, Charlie Pugh, who overslept and missed the bus. Yet through some inspired rucking and mauling and a few five-man scrums they achieved an 8–8 draw.

The game plan established, they took to the pitch again under new skipper Marcus Field, and were very narrowly beaten by St Thomas's A 32–0.

Shortly afterwards a taxi roared up and disgorged Captain Pugh. A magnificent 16–6 victory over Bristol C followed, no doubt engineered by this new injection of pace and fitness.

An energetic and enjoyable day was had by all concerned, making the fixture a definite date for next year.



Guy's Hospital Rugby Football Club
1st XV 1987–88

Back row: **Dr T Gibson (President), M Martin, R Buskill, A Mistlin, P Scanlon, W Hugan, S Bunting, A Jones, G Meharg.** *Front row:* **E Cheah, G Thomason, P Davis, C Beardmore (Captain), G Bevan, G Ryan, W Llewellyn.**

1st VIII *Back row:* **Docker, Wilson, Andy, Bevan** *Front row:* **Scanlon, Wayne, Beardmore** *(c)*, **Ryan** *Absent:* **Bunting**

2nd VIII *Back row:* **Vesey, Mistlin** *(c)*, **Lewis, Skyoom, Povey** *Front row:* **Redman, Watts, Davies**

3rd VIII *Back row:* **Davis, White, Shuker, Thomason** *Front row:* **Stanhope, Martin, Whelan** *Absent:* **Pugh** *(c)*, **Field** *(Res. c)*

Guy's Hospital RFC

First Fifteen Fixtures 1988/89

September	Wed	7	Harlow	5.45	Away
	Sat	10	Osterley	3.00	Home
	Sat	17	Old Surbitonians	3.00	Away
	Sat	24*	Old Emanuel	3.00	Away
October	Sat	1	Blackheath	3.00	Home
	Sat	8*	Old Whitgiftians	2.45	Home
	Sat	15			
	Sun	16	Surrey cup (1st round)		
	Sat	22*	Portsmouth	2.45	Away
	Sat	29	Preclinical tour		
November	Sat	5	Southampton medics	10.30 am	Home
	Sat	5	(England vs Australia)		
	Sun	6	Surrey Cup (2nd round)		
	Sat	12*	Old Walcountians	2.30	Home
	Sun	13	Gutteridge Cup (2nd round)		
	Sat	19*	Old Guildfordians	2.30	Away
	Sat	26*	Alton	2.30	Home
December	Sat	3	Old Cranleighans	2.30	Home
	Sat	10	Old Millhillians	2.30	Away
	Sat	17	Esher	2.30	Home
January	Sat	7	Old Dunstonians	2.30	Home
	Sat	14*	Jersey	2.30	Away
	Wed	18	UH cup (1st round)		
	Sat	21	Purley	2.30	Home
	Sat	28*	Winchester	2.30	Home
February	Sat	4	(England vs Scotland)		
	Sat	11*	Eastleigh	2.30	Away
	Sat	18	Bromley	2.30	Home
	Sat	25*	Gosport	2.30	Home
March	Sat	4	Newbury	10.30 am	Home
	Sat	4	(England vs France)		
	Sat	11			
	Sat	18	US Portsmouth	2.45	Home
	Sat	25			
April	Sat	1	King's Hospital	3.00	Home
	Sun	2	Past vs Present	3.00	Home
	Sat	8	Old Blues	3.00	Away

* League fixture

Hospital Information

Articles by Guy's People

We have received several complaints over recent months about this column, which lists articles spotted by the Wills Library only in those journals which they are able to scan for us. It is unfortunately no longer possible even to try to make our listing comprehensive. We have therefore decided to discontinue it.

The following students qualified MB BS (London) in June 1988:

Brooke, D N
Foo, P S L
Ling, C S
Aarons, Miss E J
Auer, A J
Barnes, Miss L M
Bhui, K S
Biswas, A
Campbell, D
Carruthers, S C
Caul, Mrs J E
Chau, Miss E-C
Chowienczyk, P J
†Clements, A J P
†Crimlisk, Miss H L
Dalal, S R
†Davey, K G
Dawson, Miss C J
Debrah, K M
*§Dent, T H S
Dhesi, G S
Donnelly, Ms K R M
Evans, P C
Fairfield, M C
Farmery, A D
Feneley, J C
Fisher, M J
Fitzpatrick, Miss H M-C
Flexman, Miss A L
Foley, Miss J
Forbes, Miss H M
§Fradd, Miss V J
Gardner, M C
Gibson, Miss K A A
Gillard, J H
†Golder, Miss A M
Hall, Miss S
Halliwell, P J
Hill, D A
Holden, Miss C A
Hunter, Miss L C
Illidge, T M
Jani, Mrs F M
Jolly, Miss G
Joyce, Miss C C L
Khakoo, S I
King, J P
Kneale, B J
Knighton, J D
Krishnan, Miss R
Lee, C C M
Lindsey, M
Lo, R S-K
McIvor, Miss D E L
Mak, Miss V Y Y
Mak, Miss Y Y W
Meisner, Miss S J
Mitchell, Miss E A
Moscuzza, F
Neal, Miss J C
Oh, C J E
Ossowska, Miss E A
Palmer, Miss H E
Pathansali, R
Pearson, Miss C F
Refson, J S
Ringrose, D K
Robbins, Miss K F
‡Robinson, Miss A L
Rockall, T A
Rosbotham, Miss J L
Sanders, G A
Sharrard, M J
Shaw, S R G
Skailes, Miss G E P
†‡Thom, Miss M H
Tothill, G
Vale, S S
Watkins, S J D
Whichello, Miss K J
Whittle, Miss M A
Wilson-Smith, Miss E
Wolfle, A D
Wong, C M
Young-Snell, A J E
Zelenka, R M

The following students qualified MB BChir (Cambridge) in June 1988:

Bevan, Miss R K
Bowskill, R J
*Counsell, C E
Gardner, S J N
Martin, R J
Nicholl, J E
Sisodiya, S M

NB:
*Distinguished in Medicine
†Distinguished in Clinical Pharmacology and Therapeutics
‡Distinguished in Surgery
§Distinguished in Obstetrics and Gynaecology

The following students qualified LDS, Royal College of Surgeons of England, in March 1988 and are life members of the Clubs' Union:

Balcombe, C P
Barry, Miss C J
Bate, Miss M J
Benaim, Miss M
Burland, Miss S L
Burns, J G 99 Wanstead Lane, Ilford, Essex IG1 3SW.
Davies, Miss C A 5 Moat Side, Hanworth, Middlesex, TW13 7PG.
Domoney, R J
Fries, A
Hackett, S B 71 Mayfield Road, Nunthorpe, Middlesbrough, Cleveland, TS7 0EF.
Hall, K B Berkeley House, Ince Road, Walton-On-Thames, Surrey, KT12 5BJ.
Hanlon, Miss C M
Holmes, Mrs J M 37 Dunster Avenue, Morden, Surrey.
James, R C W
Jessener, M D
Johannes, M P
Kerr, R M F
Lott, Miss S R
Mauthe, P W
McCleery, Miss E C
Pollard, J T R
Price, Miss H A Grasmere, The Links, Pembrey, Dyfed, SA16 0HU.
Rawcliffe, Miss K J M
Redman, C D J
Smallwood, S M
Tittensor, S M
Tucker, N P
Tybulewicz, Miss E H R 7 Elers Road, Ealing, London, W13 9QA.
Wander, C G E
Welsby, C
Whittingdale, T L
Young, P R

BIRTHS

WHITFIELD, Jennifer, to Anne and Chris Whitfield. Born 5 September 1986, now at 43 Stockbridge Road, Elloughton, Brough, North Humberside, HU15 1HW.

MARRIAGES

EDE, Roland Jarlath to Miss Celia Anne MANSON on 10 June 1988 at Tidenham, Chepstow, Gwent.

DEATHS

SMYTH, John Francis Austin, OBE, LDS, RCS,(Eng), on 29 July 1988 at Callington, Cornwall.

MAXWELL-STEPHENS, Philip LDS, RCS. Died 23 August 1988, aged 66 years.

CHANGE OF ADDRESS

MISSEN, G A K, now at 2 Ingleside Grove, Blackheath, London SE3 7PH.
WATKINS, C A, Prideaux Place, 16 Prideaux Road, Eastbourne, Sussex, BN21 2NB.
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PANTIN, C G, 5 Saddle Mews, New Castletown Road, Douglas, Isle of Man.
VARNEY-BURCH, M J, 14 Argyle Street, Bath, Avon.
TUDDENHAM, Dr H Malcolm, Gulls Reach, 21 Friars Road, Friars Cliff, Christchurch, Dorset BH23 4EB.
WHITFIELD, Mrs A L, 43 Stockbridge Road, Elloughton, Brough, North Humberside, HU15 1HW.
SCOTT, Dr D J, 15 Laton Road, Hastings, East Sussex, TN34 2ES.
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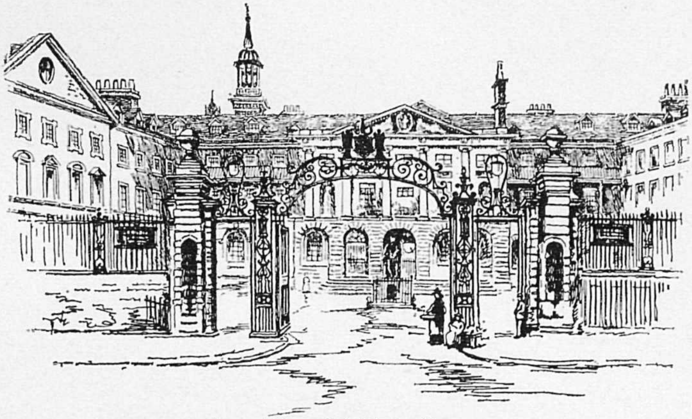

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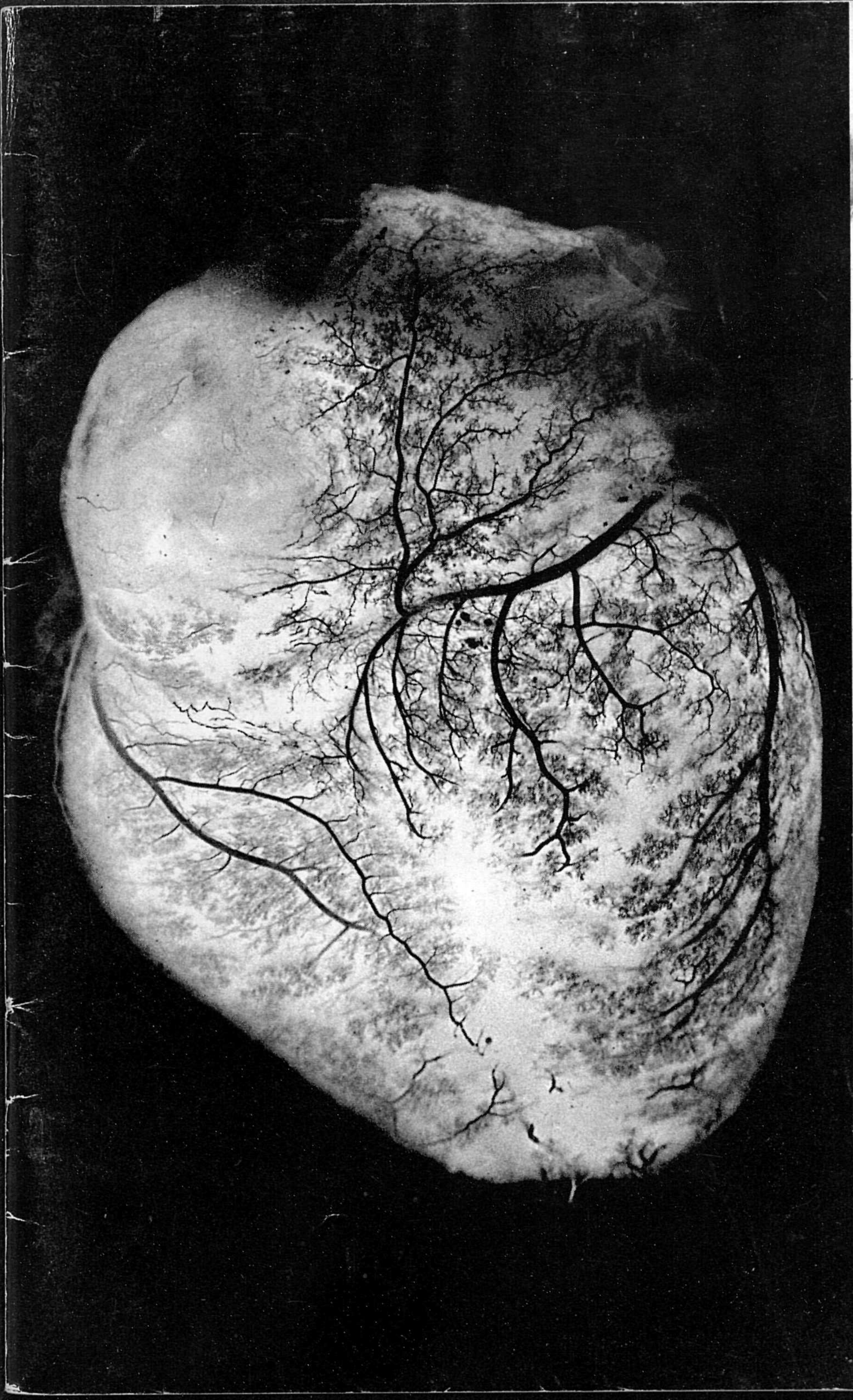

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Cover: A negative image of a human heart, in which the coronary arteries have been injected with resin. The specimen was prepared by Dr M C E Hutchinson and the photo is by Kevin Fitzpatrick, winner of the Rodman Medal of the RPS.

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Office hours: Monday to Friday 10a.m.–2 p.m.

Passim

I am afraid that this month's Gazette has been put together in something of a tearing rush, and so I would like to apologize to readers if it gives that appearance. Never again will I believe those people who tell me that the clinical part of a medical course is a complete holiday compared with BMS.

There continues to be great change at Guy's, with extensive preparations taking place, both for Phase III of the building programme, and to accommodate the increasing integration of the two component campuses of UMDS. The latter, in particular, continues also to excite strong feelings among past and present members of the hospital, and you will see reference to this several times within our columns this month. I should particularly like the correspondence column of our journal properly to reflect the views of our subscribers and other readers on the merger, so please do write in if you have any thoughts you would like to share with the readership. As an inducement we have introduced this month an Editor's 'Letter of the Month' prize of the princely sum of £5.

This month's Passim will be a short one, because I have already taken up more pages with my own writing in this issue than ideally I would like. Special thanks go to Dr David Watts, of the biochemistry department, who has very promptly and thoughtfully responded to my provocative attack on the BMS examination system.

News in Brief

Guy's Christmas raffle

Please do send in your completed stubs to the Gazette office if you have not already done so. Further tickets can be obtained from Margaret Flanders (Ext 2023).

Saying of the Month

A patient in Lewisham, on being asked the nature of her abdominal pain: 'Well, I can't feel it but I know it's there'.

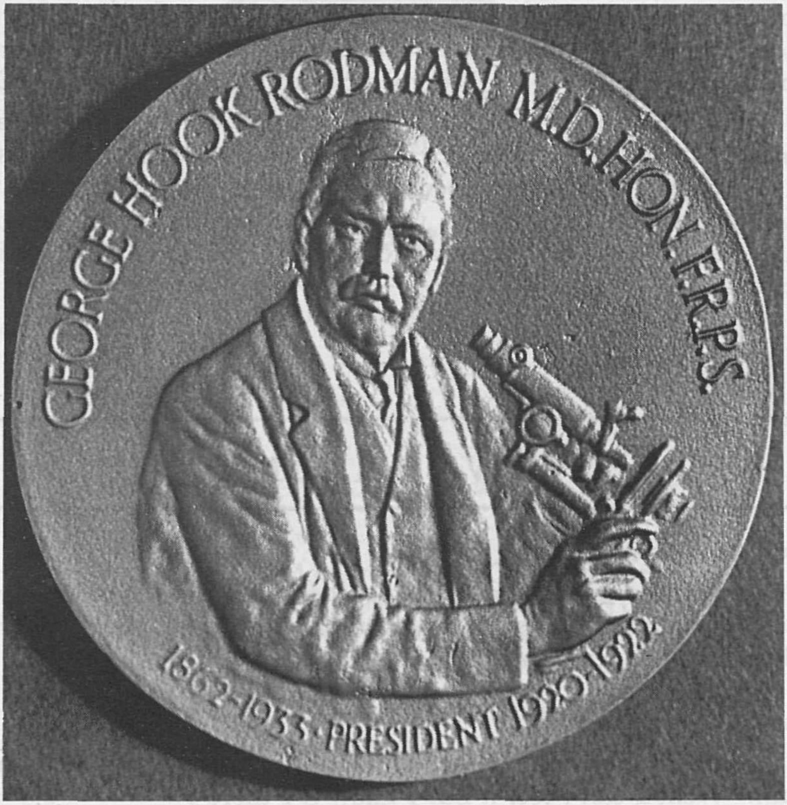
The Rodman Medal

Kevin Fitzpatrick, Chief Laboratory Scientific Officer in the Anatomy Department, has been awarded the Rodman Medal of the Royal Photographic Society, for outstanding work in photomicrography and radiology. We hope to include examples of his work in our next issue.

Gazette cover dates — an apology

The Editor would like to apologize to all subscribers and other readers of the *Gazette* who were perplexed by the change of cover date on the last issue to October, instead of September. In fact, the issue of your *Gazette* has not changed — to paraphrase Harold Wilson — we have simply decided that, since the *Gazette* usually appears at the end of a calendar month, it is more appropriate to

The Rodman Medal


GEORGE HOOK RODMAN M.D. HON. F.R.P.S.
1862-1933 · PRESIDENT 1920-1922

print the following month on the cover, to allow for a few days delay in the post. The *Gazette* usually appears ten times per annum, with no issues in August and December. Subscribers will still receive ten issues in 1988, but the final three will bear the cover dates October, November and December. We do hope that the changes have not caused too much undue confusion.

UMDS Amalgamated Clubs Union

At an extraordinary general meeting of the Guy's Clubs Union held on Tuesday 18 October, held to discuss the new constitution for the merged Clubs Union of Guy's and St Thomas's, the proposed new constitution was rejected by an overwhelming number of the present members. It was generally felt that the provisions of the constitution, which included a proposal that all activities which were carried on on both campuses should come under joint UMDS clubs by September 1989, was too precipitate. In particular, the idea of UMDS fielding one and only one joint first rugby team in the Hospital's Cup was anathema to many. It is not clear, however, how a redrafted constitution will meet both the unifying aims of UMDS and the clearly-expressed preferences of Guy's students. We shall have to wait and see. In the meantime, if any *Gazette* subscribers have any feelings about the prospect of Guy's clubs and societies losing their independent identity, the Editor would be pleased to publish their views in forthcoming issues.

Guy's Gazette man takes *Lancet* hot-seat

Professor W G Reeves, who qualified from Guy's in 1964, will take over the editorship of the *Lancet* from 1 January. In 1962–3 Professor Reeves was editor of the *Gazette*, a job which clearly gave him a taste for medical journalism, since he then went on to serve on the editorial boards of *Clinics in Immunology and Allergy*, *Disease Markers*, and *Journal of Immunological Methods*. He is currently professor of immunology at the University of Nottingham. It is hoped that we may be able to interview Professor Reeves about his new position in a forthcoming issue.

Drug Pedalling

GRACE, in conjunction with the Quodlibet Society, is presenting a slide show of its South American adventures, on 15 November, in the Anatomy Theatre, Medical School. The evening begins with wine at 5.30 pm, and will end at 7 pm approximately. All welcome.

Gazette makes it to Fleet Street

Our inteview with Mr Ian Fentiman in last month's *Gazette* has drawn the attention of the *Daily Mail*, which has somewhat exaggerated his remarks into a 'harsh attack on his fellow consultants'. This is the interpretation placed on Mr Fentiman's views by the *Mail* on 7 October, which criticizes the over-readiness of surgeons to perform mastectomies.

Carol Service

This year's carol service will be held in the hospital chapel on Wednesday 21 December at 5 pm, followed by refreshments in Emily McManus House.

Catering prices at Guy's

Apparently the costs of catering at Guy's have exceeded the income received by about 100%, with the result that catering price increases of at least 19% can be expected in the near future.

Christmas Stall

The Friends of Guy's Hospital (Services Branch) will be holding the Christmas Stall on Thursday 1 December from 10.30 am to 7 pm in the Foyer of New Guy's House.

It is for one day only. We would welcome any contributions — jams, cakes, Christmas puddings and unwanted Christmas gifts — and of course the Friends would welcome you on the day.

Central Research Fund

Readers of the *Gazette* engaged in research may be interested to learn of a source of funding to assist them. The University of London Central Research Fund has been instituted for the purpose of making grants to members of the University (other than present undergraduate students and those registered for a taught Master's degree) engaged on specific projects of research, to assist with the provision of special materials, apparatus and travel costs. Applications are considered each term and the next closing date for applications is *Thursday, 8 December*. Forms of application and further particulars may be obtained from the Central Research Fund Section, Senate House, Room 21a, Malet Street, London WC1E 7HU. Tel: 636-8000 Ext 3147.

Dr Ann Harris at work in PRU

The Generation Trust

The Generation Trust is a charitable trust set up to support medical research at the Paediatric Research Unit at Guy's, under Professor Martin Bobrow. The research is directed into understanding genetic disorders and childhood diseases.

The trust has produced an excellent watercolour Christmas card and notelet, painted by Dr Ann Harris, who is a lecturer in molecular genetics at the PRU. Unfortunately, the pastel shades are not suitable for reproduction in the harsh monochrome of the *Gazette*, but we can assure you that both the card and the notelet are very attractive, and excellent value at 20 pence each from the PRU, Guy's Tower, London SE1 9RT. A photograph of Dr Harris at work is shown here.

South Wales Guy's Hospital Society

The 37th Dinner of the Society took place on Saturday 19 March 1988 following the Wales v France rugby international.

The evening was a great success, commencing with the inauguration of the new President of the Society, Mr John Nicholas

(Dental Surgeon — Chepstow). He received the chair of office from the retiring President Dr Walford Davies.

Fifty-two members and guests sat down to an excellent five course meal followed by the traditional address from the President, in which he welcomed the guests — especially the two Guests of Honour. It was particularly pleasing to see two previous Guests of Honour present, i.e. 'Van' Den Berg and Hywel Richards, also our perennial visitor from the USA — Prof David Nicholson. The President ended his speech by proposing the toast to 'Guy's Hospital'.

Mr Terence English then spoke about his memories of Guy's, with special mention of the illustrious names in past Rugby XVs. A thoroughly entertaining talk finished with a toast to 'The South Wales Society'.

Our second Guest of Honour, Mr Robin Bret Day, gave a vote of thanks on behalf of the guests. During his talk, he gave a summary of current events and changes at Guy's/UMDS, which were not all to the liking of some members with their own fond memories of their Alma Mater.

Both Guests of Honour were presented with South Wales Society Ties and Life Membership certificates, before the more informal events of the evening got under way!

Another excellent night eventually wound up in the early hours of Sunday morning.

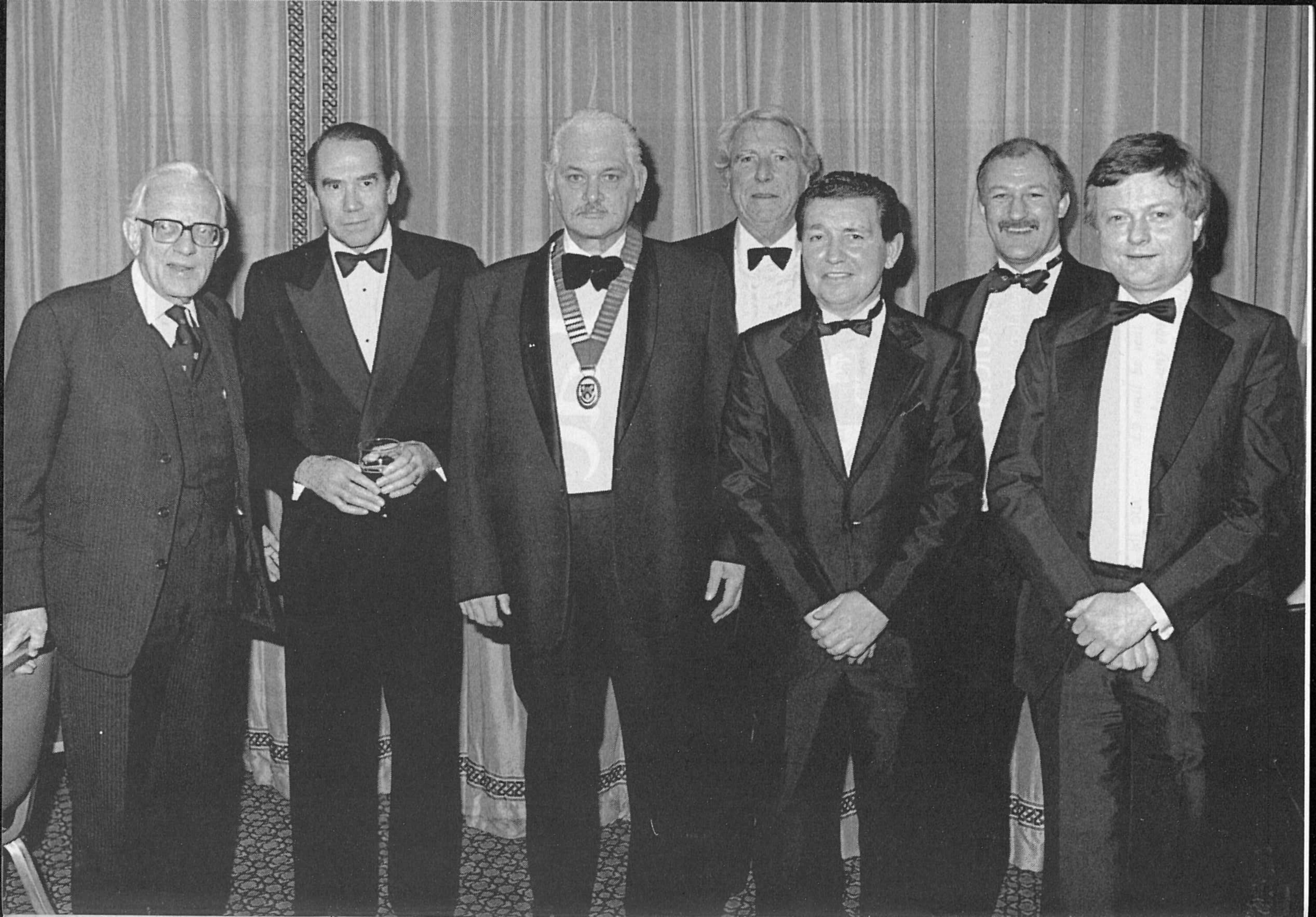
C E C Lewis
Hon Sec SW Soc

Clubs' Union News

The new students have been here two weeks now and should be settling down into the routine of life at the hospital after the excesses of Freshers' Week.

The Freshers' Week seemed to go well with many new faces seen at each event. Particularly pleasing was the high turnout of people at the Freshers' Trials at Honor Oak Park. Both the hockey and football clubs received a record number of new players and it

Opposite, left to right: **Prof D Nicholson, Mr Terence English, Dr Walford Davies, Mr Robin Bret Day, Mr John Nicholas, Mr C Lewis, Mr R Lewis**



Protection
in
Practice

Founded 1892
The Medical Protection Society
President: Sir John Ellis, MBE, MD, FRCP
50 Hallam Street, London W1N 6DE Telephone: 01-637 0541
30 Park Square, Leeds LS1 2PF Telephone: Leeds 0532 442115

is hoped that they will remain with their clubs and not make the trials their one and only appearance, as often happens.

An EGM was called on Thursday 18 October to discuss the new Amalgamated Clubs' Union Constitution. Much thought went into criticisms of the document, mainly from the officers of the larger clubs at the hospital, who were concerned at the loss of identity of their club and in how the combined UMDS clubs would be financed. The new constitution was overwhelmingly rejected by the members and so the constitution committee will be reconvened to see if amendments can be made. Hopefully, a further EGM will be called before Christmas when a revised document will be put to the members.

Finally, tickets for the Snowflake Ball are on sale and, after just two days, all but four of the tables have been booked. Emma Ross has done a splendid job in organizing the event at the Café Royal in November. She deserves our thanks and congratulations. A report on the evening's proceedings will appear in the next issue. (*Oh will it? — Ed*)

Stuart Millar

Correspondence

A switchboard appreciation

Dear Sir

I wonder how many of us ever stop to think how much we owe to our telephone operators. I always pass the time of day with 'Switch', however long my wait, which is never longer than they can manage.

Recently, as I rang in, 'Switch' said to me, 'Are you keen on "Blockbusters?"' — to which I was in fact listening, being an addict of all televisional quizzes. Can you beat it! I *was* so engaged, and for the wonderful acument and humanity I salute all our 'Switches', without whom all our work would grind to a halt. They don't just bust the blockages for us — all of us, from the most self-important to the hoi polloi, such as I — they make the whole thing work. Bravo to them, and on your behalf, mute as you mostly are, I give them my respects.

Yours faithfully,

ROGER WARWICK

55 Hall Drive
Sydenham
London
SE26 6XL

This letter is the winner of this month's 'Letter of the Month' prize, and accordingly £5 will be sent to Professor Warwick. If you have any observations to make on Guy's life, or any other matter, please write to the Editor.

Correct forms of address

Dear Sir,

I am sure that I echo the feelings of many old Guy's men in complaining that in the recent editions of the *Guy's Directory,* far too many people shelter under a campus address, which is of little use to those of us, such as me, who love to keep in touch with old friends, staff and colleagues. Why does any man feel so special, so abstracted from common communication, that he must so preserve his supposed privacy? I appeal to you, and the secretaries of these most valuable books, and to the individuals themselves, to abandon this ridiculous and unfriendly practice.

Yours faithfully

ROGER WARWICK
55 Hall Drive
Sydenham
London
SE26 6XL

Matrons past and present

Dear Sir,

Your unfortunate nursing correspondent Mr Cobell has clearly never heard of the late, great Miss Emily MacManus CBE, Matron of Guy's 1927–46. Small, neat, immaculate and shrewd she was a tremendous influence upon those of us who were fortunate enough to train under her. She knew us all — good, bad and indifferent and inspected, with her sharp eye, our appearance as we filed out of chapel each morning. She showed great understanding of the more rebellious of us but her disapproval was withering should we fail to live up to the standard she set. Most of us wore make-up off-duty but *never* in uniform, nor did we wear laddered stockings, broken-down shoes or floppy hair (regrettably all too common today, together with ear-rings, wristwatches and coloured nail-polish.) We may have received about £20 a year and very plain food but we were proud to be Guy's nurses in the making and we had that advantage which seems to be lacking today, immense job satisfaction, only we had never heard of it. Doctors and nurses of all rank knew exactly who the Matron was as did para-medicals, patients, porters and visitors, and she received the respect that was her right.

A young friend of mine has just completed general training and a year as staff nurse at another London teaching hospital. She tells me she knew nobody more senior than her tutor, not even by sight or name. 'Top-management' remained office-bound and cohesion was non-existent. Next week she leaves for Australia as so many other UK nurses are doing. Who is to blame?

Yours faithfully

MRS MARNY HALLAM
2 Bartholomew Close
Argyle Road
Newbury,
Berkshire
RG14 6BY

Articles by Guy's people

Dear Sir,

I may be wrong, but I would expect you to receive more complaints if this section were discontinued than if some people's papers were not included — this way, no one is included.

May I suggest that you persuade the Wills Library to redeploy their resources previously spent in scanning journals to running a weekly/monthly computer search of a database called *Science Citation Index,* using a combination of search terms to retrieve Guy's from the field '*in*', which contains author affiliations for each article indexed in the database?

The database is updated weekly and contains articles from about 4,500 journals, and is therefore likely to include most articles published by Guy's people, whether or not the journal is taken by the Wills.

Yours faithfully

BARBARA MERCHANT
Librarian, Paediatric Research Unit

A vote of thanks

Dear Sir,

May I use the hospitality of your columns to thank all those people who gave me such a memorable send-off from Guy's on August 12, and who contributed so generously to my leaving presents.

Having moved to a cottage with a 'garden' uncultivated for fifteen or twenty years, I propose to use the money to supplement my wheelbarrow and green wellies by buying shrubs and trees which will give me long-lasting reminders of my friends.

Jui and I would be delighted to see any of you who are in the Bath-Wells-Frome vicinity.

Yours faithfully

RONALD COOPER
Malvern Cottage
Fosse Road
Oakhill
Somerset
BA3 5HX

Will UMDS be the death of Guy's?

Dear Sir,

Now that you have mentioned the plan to destroy the total effectiveness of both preclinical schools in UDMS, could someone explain what its advantages will be? At first sight, the next step will be for some of our university or government bosses to declare both Guy's and Tommy's preclinical training non-viable and close both schools, transferring all the students to some factory (rumoured already acquired) elsewhere in London. Do the UDMS Governors really want this? What will be the effect on morale, on medical training, on research? Are Guy's and Tommy's so much in despair that they so willingly lay their necks on the block?

Yours faithfully

G A D HASLEWOOD
28 Old Fort Road
Shoreham-by-Sea,
Sussex,
BN4 5RJ

Biennial Dinner

Dear Sir,

Please can you tell me why the Biennial Dinner date was not published in the *Gazette,* as is usually done? This was not published two years ago. Consequently I have now missed the last two dinners.

Yours faithfully

K S R PRITCHARD
Dental Student (1940–46)
91 Robin Hood Lane
Kingston Vale
London
SW15 3QR

As far as I know, we were not notified of the date of the dinner—Ed.

Sue de Monas

Games People Play

I will never cease to admire the innovative and imaginative approaches devised by the clinical teaching staff in attempting to stuff a bit of interest and knowledge into the head of the average somnambulent clinical student. In the best tradition, certain consultants and senior registrars have devised some ingenious games in order to activate a neurone or two. First there is the old 'Guess what I am thinking' chestnut, in which the student has to try to guess the answer to an obscure question, totally irrelevant to the topic under discussion, while the consultant eyeballs him or her accusingly . . . 'Now come come, you know the answer,' he says, and looks expectant.

Then there is *Sarcasm*, a thrilling new addition to the repertoire of any frustrated senior registrar who has failed to be short-listed for his last three consultancy posts. Every student's answer is followed with a quizzical 'Oh *really*??', which is drawn out until it is about four syllables long. Then, with a supercilious look, the registrar makes some weak remark about MDU fees. The winner of this game is the person who can get the most syllables into a six letter word and still have friends at the end of it.

The next favourite game must be *Percentages*. Usually played only at the beginning of each firm, the consultant reminds you that since 45% of the students are going to be GPs it is well to reiterate that 80% of GP consultations involve . . . (*insert name of consultant's specialty*) . . . . This means that by the end of clinical course, the average GP's list consists of about 600% of his patients!!

Then there's the 'You will fail if . . .' game. There is always one SR who has got a bee in his bonnet about a particular facet of the history or examination. They make this known by preceeding said bee with the phrase 'You will be instantly failed if you don't . . .' There was one registrar here who was very particular about feeling for lymph nodes everywhere. 'Always feel the lymph nodes of every lump' he would bellow at us now and again. I once tried to convey this nugget of pass/fail information to a dermatology consultant some time later and was greeted by howls of derision. I never went to pick up my sign up for that firm!

Too much has already been said about Freshers' Week at the time of going to press. It's nice however to see that things have not changed. There are still dorks who turn up on the first day with suit, brolly, brief case and spazzy lapel badge.

Fashion and Beauty

In

Drugs and Theraputics Bulletins
Guys Kidney Patients Assoc.
The Boot and Flogger (don't all go at once)
Skeleton Books
The Bridge Club

Out

The new dental dresses (tunics???)
Snowflake Ball
Firm Parties
The See You (interpretations on a postcard please)
Spaz Hadley.

A Baptism of Sorts — first impressions of Guy's

by Shalid Khan

I awoke at about 2 pm in the afternoon and suddenly realized that tomorrow was registration day and I would have to be there by 9.30 am. From tomorrow I would be a medical student, for at least a year! Where had the summer gone? Was there a summer this year or did I sleep through it?

I looked at the skeleton I had bought yesterday for £75 from a dubious-looking Punjabi fellow in the East End (*George, surely you haven't been at it again?—Ed.*), who assured me that he had been a medical student himself for four years before deciding to give up, and that all the bones were from one body. I felt like a medic.

The evening came. I was unsure as to what to wear on my first day. I went to my brother (a second year student at George's) for advice, and he told me not to dress too formally. As it happened registration day went fine and what we wore did not really matter. I surprised myself by remembering to bring my birth certificate as instructed. I compensated for this, however, by getting lost on the Northern Line trying to find Bank Station.

Introductions were made between us with standard questions: medic or dentist? school? accommodation? I was delighted to meet some friends I had met earlier who had got in too. Someone asked me what my A-level grades were.

'Two A's and a B' I replied, trying to seem modest but really beaming inside with pride, 'what about you?'

'Oh, four A's and two ones' came the airy reply. After that I gave up asking anyone their grades.

Being a teetotaller and hating cheese, I went to the cheese and wine party on the first day with doubts but rather enjoyed it. Everyone was there, grabbing freebies unceremoniously (*surely not?—Ed.*), while smiling warmly at the trainee bank managers.

The first day, then, was a success and I looked forward to Friday. It began with a rather grim lecture from the Dean about the perils of not working hard enough. This was followed by a short talk from the very hung-over President of the Students' Union. Then the Dental students were directed to another lecture theatre. I watched in dismay as all the good-looking girls arose and walked out!

The infamous Freshers' Fair was held that afternoon. I think I must have joined every society in sight. Standing in the middle of the floor later, chatting to some friends, I was hit on the back of the head by a brussell sprout, originally aimed for the football club table. The pub crawl around four local pubs was quite educational with some great views across the river. You could spot the freshers — they bought one drink and carried it to all four pubs. We then returned to the Union Bar. As this filled up with people and atmosphere, it was pointed out that when you were in the bar, you didn't need a watch to tell you the time. A quick glance to see how wet the floor was would give you a rough idea. I also learnt to tell which year someone was in by observing how many pints they could carry in their two hands. The second years could manage about three with minimal spillage, but the final years, even when completely pissed, could balance three pints in each hand without spilling a drop.

This week lectures have started and the course seems a challenge. As I look back on my first week, I am glad I came here and I can quite happily contemplate five (hopefully) years at this place.

Project-based teaching at Guy's

by Dr D C Watts

I have read with interest your *Passim* of July 1988 advocating the benefits of projects versus the snapshot, as you call it, method of examination currently in use. You ask where the problem lies in the implementation of a much greater project component in the examination system? It is with a reluctance based on nearly 30 years experience that I am unable to champion your proposal even though, as you eloquently point out, the present system is not without its defects.

Let us first examine the role of a pass/fail examination, which is to ensure that each candidate attains a predetermined standard of academic achievement. The examination target must be clearly defined and, of necessity, be objective, impartial, consistent from year to year and, above all, reliable. The question of reliability relates to the internal precision of the marking scheme in relation to the type of examination used, essay, MCQ, SAQ etc, and to the overall standard as judged in other medical schools throughout the country. The grey area of pass/fail and standard mismatch are safeguarded for the student, whether he appreciates it or not, via the agencies of multiple marking, a mark allowance at the borderline if appropriate, transferrable marks between subjects and statistical comparisons of overall performance between schools. Further safeguard is provided by the overall supervision and assessment by an impartial, experienced, external examiner. Where appropriate, a viva is held in which the examiner can by direct conversation discover whether the examination is a true reflection of the candidate's ability. A 20% component of the final mark is given over to in-course assessment and can give the conscientious student up to 40% of his target, with 30–35% being genuinely obtainable by a good student. Finally, I would not accept the knee-joint analogy as a glance at any examination paper will reveal that although not all-embracing, the system both tests a considerable proportion of the material taught and allows a sufficient selection to balance the 'hard luck' factor of dedicated but incomplete revision. Certainly, 'write all you know about X' is positively discouraged.

By comparison the project, which forms in biochemistry a significant component of the examination at the Intercalated Honours BSc level, can present formidable problems. In the form presented in your *Passim* it would be totally unworkable. Let us see why. The first requirement is a continuous supply of projects. At five students per project, say, and, as you suggest, three one-term projects, this would require 120 new projects per annum (or 240 for the first and second years together) for the 200 students of UMDS, without any considerations of choice for specific individual interests. Each project must be carefully formulated with regard to library facilities and the availability of computers, word processors and laboratory equipment if bench work is to be involved. These provide limitations enough but, above all, a project should not only break new ground and involve more than one area of interest and practical technique but it *MUST* be workable. If a group wishes to do practical project work then the question of who provides the necessary training and for how long becomes of considerable relevance. For handling human samples the Health and Safety at Work Act creates an additional barrier to unsupervised student research.

The problems for impartial examination are no less formidable. How do we assess the skills of the team as a whole, individual achievement, the emergence of leadership and, more crucial, the backsliders who are dragged through on the coat-tails of their over-tolerant and more capable collegues. And what happens if, in spite of the greatest care and experienced judgement, the project proves abortive or unworkable, or simply beyond the grasp of a particular team as we see not uncommonly in our present much less demanding practical classes? How do you apply a uniform standard of assessment to such a diversity of studies and, in the accompanying theses, which there would have to be, to the manner, style and detail of the presentation? And again, are they truly individual or from whom did who copy? Further, the monitoring and safeguarding role of the external examiner would become undermined because of his lack of detailed knowledge in all the project areas, the variability of conditions under which they were attempted and the diversity of input from each candidate. Finally, and not without importance, the workload on the staff, at present staffing levels let alone those predicted for the near future, would be increased to what I believe would become an unmanagable degree, even allowing for a diminution or even total abolition of current practical classes.

I have experienced many of these problems at the BSc and higher degree level in one form or another, but for the honours degree with each student having his own project, not even faintly possible with BMS student numbers, the great benefit is that it can provide a flexible yardstick in the assessment of the honours class. If this is being too obsessive about the examination rather than the course it does underline that it is what is written on the examination certificate that will determine the student's future career.

All this having been said it should not be assumed that we, as staff, are in any way complacent about our examination structure. Some years ago, at the instigation of our previous Dean, an examination structure was devised involving myself and Dr Sullivan and Pharmacology, to eliminate the large hurdles of the annual BMS exams. Instead, some 34 small exams provided continuous assessment of all subjects. The students' initially warm response rapidly cooled when they found that they were never free from the pressure of an impending University examination, with all that that entailed. Reports of imminent nervous breakdowns became common and the system was progressively modified to something like what we have today. The rest of the University watched the experiment with interest and some disquiet which, in the event, proved justified. Currently, we are experimenting with the role of the computer in teaching and, indirectly, its influence on the examination. Should we replace bench work by computer simulation — the 'dry practical' as it is called? Two years ago I devised a student project to occupy the first few weeks of the first year in place of practical work. It involved working through computer simulations, studying material on display in the laboratory, and library reading of original articles. It took me a long time to prepare. Many students tackled it enthusiastically and their reports, often full of beautiful coloured diagrams, took even longer to mark. The crunch came at the examination when a question set to give the student full reign of his new-found knowledge was, except by a few, very badly done. It seemed that the average student could go through all this activity and not learn a thing! And this is perhaps the biggest disadvantage of project work in an intensive course such as the BMS. By its nature it is not economic of time and the overall picture gets lost in a mass of detail of the student's own making and the never-ending pressures of other subjects. The first could be corrected by more tutorials, making yet greater inroads into the time of overworked staff; in a lifetime I have found no way to stem the second!

Without setting our sights too high many of these problems could be overcome and the project could play a more useful role in course structure. It would require considerable rethinking of objectives and course content. If the project were to be more stimulating than the boring repetition each year of the same well-tried topics, and contribute significantly to the final examination mark, then a significant element of unreliability compared with our present system would, in my view, have to be accepted. Some students might have good reason to feel that justice had not been done. Could we start next year as you suggest? Even as a five year plan it would be a challenge!

Guy's Hospital Christian Union

Autumn Programme 1988

October	4	'WHY PARABLES?'	Matthew 13:10–17
	11	'BILL AND BEN'	Matthew 13:24–30
	18	'What have a net, a pearl and a mustard seed got in common?'	Matthew 13:31–35 Mark 4:26–32
	25	'How much does God love us?'	Luke 15
November	1	Informal	
	8	'Ever Ready'	Luke 14:7–14 Luke 12:35–40 Matthew 21:28–32
	15	'Watch out'	Luke 13:22–30 Luke 12:13–21 Matthew 7:13, 14
	22	Mission evening	
	29	'Loadsa money'	Matthew 18:21–35
December	6	Carol service in chapel 6.30 pm	

All meetings at 5.15 pm in Ballroom, Boland House

Everyone is welcome!

The Games of the 24th Olympiad

by Mark Slade

By most standards the 24th Olympiad in Seoul was a resounding success. For the first time in sixteen years almost every notable sporting country sent representatives to the games. Our Korean hosts managed to tackle the enormous logistical problems involved in feeding, accommodating and transporting 10,000 athletes with efficiency and courtesy — no mean feat, given that the level of nervous tension exhibited by many athletes makes them poorly tolerant of even the most minor inconveniences. The much-heralded riots, petrol bombs and North Korean missiles turned out to be colourful flights of Wapping fancy. And with the return of the powerful teams from the USSR and East Germany to the fray for the first time for eight years, plenty of records were broken. The games even made a record profit, variously estimated at between $200–$300 million. But for many people the whole event was irretrievably tarnished by the revelation that for many competitors it would be better to win a medal, and live with the guilty knowledge that it had been fraudulently obtained, than to risk not winning it at all.

I think that this is probably an over-reaction. After all, people have cheated one another since before there were any rules, and it would be naive to suppose that sport, merely by virtue of its proclaimed values, is immune from skulduggery. But more of the drugs issue anon.

My trip to the Olympics began on Tuesday 13 September at Heathrow, where there was gathered a large group of tracksuited sportsmen and women, all of whom looked a lot fitter than me. We were required by the BOA to travel in our tracksuits, which although they looked very snazzy were made of the sort of shiny polymer which does not lend itself to bodily comfort after 20 hours in the same airliner seat. Even though I knew that the smart thing to do would be to transfer a pair of comfortable trousers to my handluggage, I still managed to check in my bags before doing this. The other trick that distinguishes people who have been to an Olympics before from the first-timers is that of putting a distinctive mark with sticky tape on your regulation-issue suitcase (you only have to watch 350 identical cases come up an airport carousel once before learning this one).

We were seated alphabetically by sport on the plane, so with the other members of the fencing team I was sitting next to the judo players, who clearly hadn't reached the alcohol-free stage of their training programme, and the gymnasts, who had. Our first stop was at Anchorage, where for some reason that I couldn't quite grasp everyone seemed desperate to have their passport stamped, and, much more comprehensibly, to try the Alaskan ice-cream, which was delicious.

Eventually, after a stop-over in Tokyo, we arrived at Kimpo Airport, Seoul, at 6 in the evening of Wednesday 14 September. The bus ride to the Olympic Village gave us our first glimpse of the city, which seemed very modern, and not terribly oriental-looking. When we arrived at the village we had our initiation in Korean security procedures, which were to be meticulous but not always very intelligent. Our Polish fencing coach, Ziemovit Wojciechowski, found that a single letter of his name was wrong on his accreditation form. Because it did not, in consequence, tally with the spelling in his passport, he was initially refused entry, and there followed an annoying delay before reason prevailed. Having collected our accreditation papers, we had to have our photo taken for our identity cards. The man taking mine refused to accept the final result (which was displayed on a video screen), until I had produced a smile which met with his satisfaction, something which was more difficult than it sounds after 24 hours in transit.

The Olympic Village

The following day was spent mooching around the village, recovering from our journey. We were shown the ropes by the four members of the fencing team who had travelled out a week earlier. Most of village life revolved around a large, central, glass-walled building which we quickly nicknamed the crystal palace, in which there were ten identical restaurants, some shops, a large room full of video games, a hairdresser and several terminals for the electronic mail service, on which one could send messages to any other accredited person and get results from all the events. As it turned out, the voracity of the athletes for almost all these facilities quickly overcame the supply, so that in the first week it was necessary to queue for about an hour to eat, and commemorative posters became unobtainable after the first few days. And in the battle between the Earth and the Space Invaders, our side seemed to be represented untiringly by legions of Russian and Chinese athletes, enthusiastically advising one another on the finer points of alien-zapping.

In the evening we went to an excellent outdoor dinner party, hosted by our 'team uncle', John Dance, who is the General Manager of Cathay Pacific in Seoul, and who had kindly agreed to 'look after' the fencing team during the stay. He had managed to make us more comfortable in the village by supplying a sofa and some armchairs to supplement the otherwise-spartan furnishing of our flats, and by obtaining a television and fridge for our exclusive use.

On Friday I began training, which was depressing — it's surprising how stiff and uncoordinated you can become after a long flight and a large time change. Still, I had five more days to loosen up and sharpen up before competing. In the evening there was another party, this time at the British Embassy, where arrangements had been made for a garden party in our honour. Unfortunately, just as we were being greeted at the gate by the ambassador, the heaviest bout of rain that we were to witness during our stay began. There was only just room to accommodate all the guests under the two open-sided marquees, which made the rest of the evening rather like having a drinks party in a rush-hour tube train. Nevertheless, the ambassador and his wife were the epitome of the unflappable hosts, and made us feel very welcome.

Saturday 17 September bought the opening ceremony. We were all woken far earlier than was necessary by a crashingly loud, incomprehensible tannoy announcement. I wasn't sure whether to hide under the bed or get up and dress. Eventually we all made our way, in uniform, to the buses which took us to the stadium. We waited in a park alongside the stadium in the increasing morning heat for the ceremony to begin. Some of the quicker-witted members of the team had bought along their team handbooks, having spotted what seemed to be an ideal opportunity to collect the autograph of almost every team member. The vagaries of the Korean alphabet had juxtaposed Australia and Great Britain, so we were all lined up alongside the Australians ready to march in. Their uniform seemed much more sensible for the Korean sunshine than the jacket and trousers which we had to wear. They had short-sleeved, Bondai-beach style shirts, and wide-brimmed hats. Unfortunately, the good sense of this gear was marred by a bright yellow plastic packamac, which they were expected to wear when marching. The atmosphere was one of nervous anticipation.

Finally, our turn came to march into the stadium. As we emerged from the tunnel we were greeted by a tumultuous sound of applause, which certainly made the hairs on the back of my neck stand up. At various points in the crowd there were clusters of people waving Union Jacks, so we tried to give them a special wave. Once we had marched round and assembled on the pitch, the Australians removed their packamacs in relief. We chatted to

Getting ready for the Opening Ceremony

About to march in to the stadium

some of the American team, who told us that when the Japanese team had marched in, you could have heard a pin drop — there is little love lost between the Koreans and Japanese.

The marching stopped. Some mercifully-short speeches were made by the appropriate dignataries. Suddenly, a large number of doves was released. A few moments later, the Australians' packamacs didn't seem quite so silly after all. The torch was brought into the stadium. About 20 doves seemed to settle into the bowl of the flame-holder, and when the flame was lit, only about 10 flew out. No one appeared to be unduly concerned at this ritual sacrifice. Finally we marched out again, past hordes of extraordinarily pretty Koreans in traditional dress who were waiting to march in themselves. Overall, the ceremony had been very impressive but, in keeping with the undemonstrative nature of the Koreans, it had lacked that little extra bit of excitement which the over-the-top Californians had been able to generate in LA.

On Sunday I went to the training gymnasium to fence. Since I was the only member of the British team fencing in the sabre event, a recurring problem was a lack of sparring partners while

The lighting of the Olympic flame

in Seoul, although this was not as serious as it might seem, since it was really only a question of staying supple and relaxed until I fenced on Thursday 22 September. Anyway, on Sunday I fenced with the Canadian sabre team. Although the Canadians are not as strong as Great Britain overall, they have a very good pair of sabreurs, one of whom, Jean-Paul Banos, I was to draw in my pool. As the only British sabreur in Seoul I was also unable to have my coach accompanying me, but luckily I found that taking fencing lessons from Ziemek, the coach to our foil team, suited me very well.

Monday was the day before the fencing began, and the day on which we had to hand in our masks and weapons to the weapon control, which ensures, for example, that one's swords aren't too

WELCOME BRITISH HOCKEY TEAM

Some partisan support at the hockey stadium

long or one's mask unsafe. A drama ensued when the International Fencing Federation, the FIE, decided to test all the masks — which must be made of stainless steel — by holding a magnet up to them, under the misguided impression that all stainless steels were non-magnetic. The result: all our masks were rejected as being unsuitable for use in the competition, with the proviso that we could appeal against the decision at a meeting to be held the following morning at 11.30 am, two and one-half hours before our foilists were due to compete. There followed a flurry of faxes to and from the London manufacturer of the masks, and British Steel, the supplier of the material. As the nearest thing to a team metallurgist, I had to put together a case from the technical data supplied. This was simply based, on the not very difficult concept that there existed steels which were both stainless and magnetic, and that our masks were made of such material. In the event we won fairly easily.

On Tuesday morning, while our team manager, Allan Jay, was sorting out our masks, I watched the hockey team beat Canada 3-0 in their preliminary pool. At the ground there were more players than genuine supporters, but several hundred seats were filled by a Korean rent-a-crowd of schoolchildren and housewives. A large group of the latter had a banner which read 'Welcome GB Hockey Team'. They wore brightly-coloured jackets and waved equally colourful pom-poms. For some reason the Canadians were not similarly equipped with local support. In the afternoon, all our foilists battled through the preliminary rounds to reach the last 32, which was held the following day. On the way back from the training gym Ziemek told me that he had been talking to Ben Johnson's Polish coach, whom he knew from Warsaw, who said that sure, Johnson did take steroids, but then they all did, the Americans included.

On Wednesday I learned my draw for the first round of the sabre on Thursday. It was hard, including two three-time winners of the World Cup, but looked as though it would develop into a straight fight between me and a Chinese fencer, Liu, for promotion. I watched the ladies' team, who were all disappointingly eliminated in the preliminary pools, two of them in the last 24. The men's foil elimination from 32 was equally disappointing, with all three of our fencers losing their first fight. In the repechage only one of them, Pierre Harper, was able to win a fight to gain a placing in the last 24. So far there had been success for the strong western nations — France, West Germany and Italy, at the expense of the east. In sabre, however, it has always been the socialist countries which have been strong, especially the USSR, Hungary, Poland and Bulgaria, and so the eastern Europeans were looking to the sabre to restore their morale.

Part two of this report on the Olympics will follow next month.

Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. These are shown on the next five pages. Prices include postage and packing.

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Obituaries

Michael Alderson

Mike Alderson died on a sailing holiday in Ireland on 1 July aged 57. He was a remarkable man who had become a world authority on statistical research and a pioneer in the science of medical information.

Michael Rowland Alderson was the son of a GP in Eastbourne. He obtained a scholarship to Epsom College in 1944. His father had served with the RAMC and was captured in France in 1940 and died two years later in a POW camp in Poland. Because of this great family loss he came to Guy's in 1949 as a Kitchener Scholar. He never forgot the debt he owed to this scholarship.

While at Guy's he enjoyed a full range of student activities including playing hockey for Guy's and tennis for the Old Epsomians. He obtained the gold medal in obstetrics and qualified MB BS in 1954. After being HS to Mr Lawrie and Mr Blackburn and HP to Dr Evans and Dr McKeith in the paediatric department, he had to do his national service. For this he joined the RAMC and volunteered for the Parachute Brigade, seeing active service with them in Cyprus and in the Suez campaign of 1956. Earlier that year, in the best tradition of Guy's men, he married a Guy's nurse, Dorothy Carter.

After national service he did casualty and obstetric jobs at Lewisham and obtained DRCOG. In 1958 he was assistant to a single-handed GP near Malvern. This was not the best introduction into general practice and he was not enthused, which as it turned out, was just as well.

In 1959 he joined the staff of the MOH in Bristol and did the usual run of school clinics and obtained the DPH in 1961. It was here that the main interest of his life developed as he was seconded to the WHO to study details of medical certification of death in various centres. His strong committment to the improvement of public health, and an adherence to scientific methods made him ideally suited to this work, which was later to be the subject of his MD thesis.

In 1964 he moved to the MRC's Social Medicine Unit at the London Hospital where he was involved in one of the major studies that have suggested the beneficial effect of physical exercise in

leisure time against development of heart disease, findings which certainly influenced him in choosing active leisure pursuits.

In 1967 he moved to the Department of Social and Preventative Medicine at Manchester University, where as well as his teaching activities he was Director of the Regional Cancer Epidemiology Unit. It was during these years in the late 1960's that his interest in cancer research particularly strengthened.

In 1970 the Medical School at Southampton was set up and he was appointed the first Professor of Medical Information Science; he was thus able to continue to follow his main activity, the application of statistics and epidemiology to the understanding of why some people develop cancer and some do not.

In 1975 he left Southampton to become Professor of Epidemiology at the Institute of Cancer Research at the Royal Marsden Hospital. During his 6 years here he was enormously productive both in his personal research output and in building up a strong and varied department.

He left in 1981 to take yet another distinguished post, that of medical statistician at the office of Population, Censuses and Surveys in London, where he made significant improvements to the means of measuring the nation's health. He held this post for 6 years returning to Southampton last year, from which his family home had not moved, to work under a contract with the Cancer Research Campaign at the MP.C Unit where at the time of his death he was studying the world pattern of cancer incidence.

Besides the great demand of these busy posts he found time to write several books including *Occupational Cancer* and *An introduction to Epidemiology*, a widely read textbook in his subject. His advice was widely sought on a large spectrum of subjects because of his encyclopaedic knowledge and his talent for constructive analysis; and he also served on several important national and international committees and was chairman of some, including the DHSS working party for the UK trial of early detection of breast cancer.

Mike was a quiet person, sustained by a strong religious belief. His love of ocean sailing gave him opportunity for contemplation and solitude away from the computers and files that inevitably surrounded him at work. He had a dry sense of humour and displayed an interest in all around him including literature and politics.

To have achieved so much needed very long hours of work and many spells away from home. It is particularly sad that he died at a time when he had recently been able to find more time to spend with his family, and it is to Dot and their two daughters that the sympathy of many colleagues and friends are extended.

K A H

Dr A E J Etheridge (1915–1988)

John Etheridge ranks among the many outstanding athletes that have represented the London hospitals.

He came to Guys in 1934 from school at Hurstpierpoint and Malvern, having already won the public schools championship. There was an apocryphal story that at Malvern he had won the Ledbury Run on crutches, and indeed he did run suffering from an ankle injury.

His was a natural talent which enabled him in distance races to start fast without losing the ability to sustain almost any pace that was set. This, of course, commanded the respect of rivals. At the same time in all the teams he represented he was well liked, making many friends.

His many achievements permit only mention of the more outstanding. In the Southern counties' cross country championship he was runner up and in 1937 he finished in the first four of the national championship. This earned him an international vest. He was, and remains, one of the very few university runners in cross country to have represented his country, this being, at that time the prerogative of the hard men of the North. The inter-hospitals 'Kent-Hughes' race was won by him on five successive occasions from stiff opposition, equalling the record set earlier in the century by H A Munro (also from Guys). Perhaps his finest performance was in the amateur athletic championship at the White City in 1939 when he was only narrowly beaten by Chappelle (Belgium) in a new British record time. Chappelle was recognized as the finest steeplechase runner in the world, so that the two would almost certainly have met again if the war had not intervened to prevent the 1940 Olympiad. As John's career seemed to have reached its zenith at this time it is a pity that the chance to add greater lustre to it in the Olympic field was denied him.

He qualified MRCS, LRCP in 1939 and started in general practice in Cambridgeshire. In 1948 he opted for private practice in Fitzjohn's Avenue in Hampstead. He was good at organisation and tireless in his care of patients so that he built up a good reputation in Hampstead. He had always taken a special interest in ENT and held visiting appointments at the London, Manor House, and Ear Nose and Throat hospitals at various times. Ill-health forced him to retire in 1981, and he eventually died of an inoperable cancer on 4 August 1988.

Duncan Lyon

Book Reviews

Obstetrics for Students.
Anthony M Nysenbaum. 218pp.
Churchill Livingstone.

In the preface the author states that his book is based on teaching for first-time obstetric students, and on revision courses. It covers the required range of topics satisfactorily for the former group, but does not have sufficient depth to be of use for MCQ revision and would be a scanty guide for essay questions.

In situations where a number of different correct obstetric practices exist, Nysenbaum usually mentions only one and omits reference to the others. Although this is inevitable in a small book it detracts from overall understanding and can promote both over-investigation (e.g. clotting studies in all cases of missed abortion) and under-treatment (personally I believe that epidurals should be kept topped-up until the delivery is complete).

The lay-out at times lacks sequence, so that a description of post-partum haemorrhage precedes delivery. The principles of 'active management of labour' are described very scantily and in isolation from the partograms.

The photographs of different obstetric forceps are clear but the differences described in the text would be more easily visualized if they had been labelled. The CTGs have not reproduced well, and the one showing early decelerations appears to include a late deceleration.

All in all this book has a limited role in introducing obstetrics to medical students. I cannot recommend it as better than the already well-established obstetric texts.

I J Page MRCOG
Senior Registrar
Obstetrics and Gynaecology

Crisis — Heterosexual Behaviour in the Age of AIDS. (This book could save your life.) by Masters, Johnson and Kolodny.

This book is compulsive reading rather like the *Sun* or *Sunday Sport,* because it is so bad.

The authors views, together with some extensive questionnaire findings, are presented as though they formed an authoritative, scientific treatise, but this is quite misleading. For instance, they like to take as their confidence limits the worst possible

NEW FROM OXFORD

Textbook of Endocrine Physiology

Edited by **James E. Griffin and Sergio R. Ojeda**

The basis of this textbook is an endocrine physiology course run for many years at the University of Texas Southwestern Medical School. It provides thorough, balanced coverage ranging from molecular biology to the clinical assessment of endocrine function.

0 19 505442 3, 360 pp., illus., OUP USA, September 1988	£30.00
0 19 505443 1, paperback, September 1988	£14.50

Oxford Textbook of Functional Anatomy Volume 2: Thorax and Abdomen

Pamela MacKinnon and John Morris

Volume 2 uses the same systematic, seminar-style approach found in the highly successful first volume. Full-colour line drawings, standard radiographs, endoscopic views, and CT scans are used liberally throughout, showing normal and abnormal anatomy. The book can be used without dissection material.

0 19 261518 1, 150 pp., illus., May 1988	£11.95

Oxford Handbook of Clinical Medicine

R. A. Hope and J. M. Longmore

This book is intended principally for medical students and house officers. A different topic is treated on each page, with facing page blank for notes.

0 19 261392 8, 700 pp., illus., 1985	£8.95

Diseases of Infection

An Illustrated Textbook

Norman R. Grist, Darrel O. Ho-Yen, Eric Walker, and Glyn R. Williams

A broad, practical approach to the growing range of infections which present changing problems of recognition and management. Planned primarily for the medical student, the book combines clinical, laboratory, and epidemiological aspects. It is illustrated in full colour throughout.

0 19 261514 9, 470 pp., illus., March 1988	£25.00
0 19 261522 X, paperback, March 1988	£15.00

An Introduction to Medical Statistics

Martin Bland

A textbook for anyone concerned with medical data. Examples are based on 'real' data, and 75 multiple-choice questions are included.

'At last I have a book on medical statistics that I can safely recommend to my students!'
Journal of the Royal Statistical Society

0 19 261502 5, 384 pp., illus., 1987	£9.95

Anatomy of a Hospital

Julian Ashley

This book gives an insider's account of the life of a great teaching hospital, and contains a vast store of information not readily available elsewhere.

0 19 261578 5, 172 pp., illus., January 1988	£12.50

OXFORD UNIVERSITY PRESS

scenario: an HIV positive person could spill semen on a toilet seat whilst disposing of a condom, and the next user could have a raw abrasion of the thigh and sit on it; transmission could occur, therefore AIDS *can* be caught sitting on a toilet seat. QED. How unrealistic. Yet, how worrying for the vulnerable! This seems to be *exactly what they want.* The authors blast the accuracy of HIV antibody testing with references that turn out to be publications from 1985 when testing was in its infancy. Elsewhere, factual references frequently turn out to be newspaper articles.

Theirs is a case of poachers turned gamekeepers, as the authors' writings of the 1960s and 1970s did much to promote the sexual revolution, the consequences of which are now becoming so painfully obvious.

Dr S J Tovey MRCP MRCGP
Consultant in Genito-Ureteric Medicine

The Essentials of Surgery. (Ed) D C Sabiston, Jr 1249 pp. £14.95 soft cover. W B Saunders Co.

This book is supposed to bear the same relationship to Sabiston's *Textbook of Surgery: the biological basis for modern surgical practice*, as T E Lawrence's *Revolt in the Desert* relates to the *Seven Pillars of Wisdom*. However, although it is described as a more compact text, prepared with a specific goal of assembling the information expected to be acquired by medical students prior to graduation, it is none the less a very large tome. It follows the same outline as the parent book beginning with a chapter on the milestones in surgery and proceeding to deal with the general topics, such as homeostasis and shock, fluid and electrolyte balance and the pre-operative peparation of the surgical patient. There are sections on the musculo-skeletal system, which by no means covers all aspects of orthopaedics, but deals with trauma and paediatric problems. There is a chapter on gynaecological surgery as well as urogenital system and a final quite large section on the heart. There are 47 chapters in all.

I still think that this is a book to be dipped into for reference. There are indeed a great many references provided along with suggestions for further reading and a quite considerable detailing of certain surgical procedures which far exceeds anything that a British undergraduate would be expected to know. I find it difficult to believe that even in the United States, where such a demand is made on the time of students, undergraduates reaching qualification know more than a small fraction of what is contained in this volume. It is generally well written and well referenced, easy to follow and quite lavishly illustrated. I could not, however, recommend that students in this country purchase this book, although, candidates preparing for the FRCS would I am sure, find it very profitable to dip into certain sections. British undergraduates would do better using one or other of the number of good British shorter textbooks of surgery which can be easily carried and more realistically represent the aspirations of the average medical student studying surgery in the overcrowded curriculum.

Martin Jourdan
Reader in Surgery

Introduction to Clinical Neuroscience. 2nd Edition. John Walton vi + 288 pp. £12.95. Soft cover. Baillière Tindall.

To produce a book that brings together clinically relevant aspects of the diverse and ever-expanding neurosciences, even at an introductory level, is a laudable aim. This certainly seems to have been Sir John

Walton's aim when writing his *Introduction to clinical neurosciences*, but such a grand intent was never likely to be achieved in such a narrow frame and the book is both superficial and derivative. The second edition is a partially revised, expanded and reorganised (and ultimately improved) version of the first.

The most irritating feature is that its arguments are derived in the most part not from the classic original papers and monographs but from general textbooks published in the 1970s: this is particularly so for physiology and biophysics. The superficial treatment arises inevitably in a book that chops between a review of current trends and a manual of bedside techniques.

Fortunately, these need not be seen by all as damning criticisms. Thus I could not recommend this book to preclinical students who will find it an inadequate grounding in modern neurophysiology or neuroanatomy. Nor could it be much use to the postgraduate undertaking a specialized research project. Its main appeal is likely to be to the junior clinician entering study for membership examinations, since here it might act as a reminder of fundamental concepts grown hazy since preclinical days. Even here it would need considerable supplementation from monographs and lectures since it is weakest on recent basic neuroscience and strongest on classical neurology.

Teifion Davies

Learning Psychiatry through MCQ: a comprehensive text. Ed: Dr T Sensky. 272 pp. £9.95. Soft cover. John Wiley.

Being examined in psychiatry by MCQ is a fact of life. *Learning* psychiatry through MCQ is almost a contradiction in terms. You may acquire some 'facts' but you don't learn the 'culture' so you've no first principles to reason from. The dogmatic, unreferenced, 'fact'-packed, 204-page text which accompanies these MCQs denies the student awareness of the names and writings that have literally made the subject. There is no systematic exposition of the phenomena. The Oxford Textbook of Psychiatry would be my book of choice for the student 'on the firm'.

The size of this MCQ book would be intimidating to someone picking it up a few weeks before finals, so I can't bring myself to recommend it for that reason either.

Use of this text is best confined to the most 'realistic' trainee psychiatrist approaching Part One and trying to minimize his or her chances of failing the MCQ.

A D Hodgkiss

Poetry Corner

The Night Nurse

The Night Nurse is a work of art,
From other nurses far apart.
During the day while we're awake
Her snores the very buildings shake.

At nine she comes in, bright and cheery
when we begin to feel weary.
To cheer us up she plays some tunes
With knives and forks and even spoons.
If you still sleep she's undeterred,
to great and better efforts stirred.
She drops a plate and scrapes a chair,
The Head-Nurse and the Junior chatter
On unimportant subject matter.
Broken by many a laugh and snort
The weighty business called 'Report'
Goes on and on until with pride
They see we are all open eyed.
Then to and fro they start to bustle
And make their starch'ed aprons rustle.
At one they rush and have a bite
Then back again to fight the fight
Lest to any of their patients creep
The enemy which they call sleep.
So through the night the battle's shock
Until at last at four o'clock
Accompanied by many clinks
They have their tea — and forty winks.

Lines by an anonymous student
(Warded in Addison in 1936)

The Great Inspiration

God preserve and bless
Our great NHS,
That Servant of Compassion
Who serves the grateful nation
In the great humanitarian
Spirit of the Good Samaritan.

N. Racine-Jaques, 1988

(With reference to Luke 10: 29–37)

Physiotherapy Notes

The 1988/89 physiotherapy academic year began on 12 September. Thirty interesting people, ranging from school leavers to people in the third decade of life, centered on Shepherd's House to take their positions as first year physiotherapy students. During the next three years they hope to be transformed into Chartered Physiotherapists.

The third year students are scattered around the south-east of England, from Canterbury to Croydon, Greenwich to Gravesend and The Bolingbroke to Brighton. Some students maintain Guy's historic links with Orpington and Pembury. They are starting the final year gaining clinical experience in the community services and practising, for the second time, in outpatient departments.

The second year students are in the school learning about orthopaedics and musculoskeletal dysfunction. After six weeks of theoretical and practical work they will venture out to a selection of hospitals on their first clinical placement. Some will remain in the Guy's outpatient department and Queen and Christopher orthopaedic wards.

This is a time of finely balanced feelings that all will remember. Excitement mixed with fear, wonder, eagerness, withdrawal, anticipation and self-interrogation. The first contact with real patients is not easy for any student in the medical professions and many a serious and humorous word has been written over the centuries on this topic.

This group of students (the 1987 intake) is the first to follow the new Guy's Hospital Diploma Course (and sadly the 1989 intake could well be the last). Such courses as this now operate their own examination systems, which in turn are closely monitored by external examiners appointed by the Chartered Society of Physiotherapy. One of the strengths of the Guy's course is the necessity for each student to satisfy the examiners in all aspects of clinical practice. The student must attain a satisfactory standard in the continuous assessment of practical skills (CAPS) in each placement, thus involving the senior supervising physiotherapist more seriously.

These senior clinical physiotherapists will carry the added responsibility, with the support of the visiting teacher from the school, of passing or referring students on the clinical assignment.

Already these seniors, who carry their own caseload, are responsible for the service given to the patients in their speciality, the organization of the workload of the more junior physiotherapists, the post-registration clinical training of the Senior II and junior physiotherapists as they gain experience in the different fields, appraisal of their performance in assessment and treatment of patients' needs, in physiotherapeutic and communication skills and in the ability to work as a member of the multidisciplinary teams.

It is a blessing that the physiotherapy student training has changed to a block system instead of the previous open-sandwich method of study in school for half a day and clinical practice for half a day. In the old method students could be treating people with conditions of which they had not any formal knowledge. The present system ensures that the practice is related to the subject just learned. It is a time of intensive clinical teaching and supervision. It requires of the student tireless application and of the senior physiotherapist a balanced approach to maintain a quality service to the patient and yet allow for the student to gain the required skills in assessment, the appropriate physical therapy and evaluation of the outcome.

Diana Innocenti

Nursing Notes

Regrading or Degrading?

Our hospital, in common with most others up and down the land, has found its nurses in the middle of a whirlwind over their position concerning the regrading of pay scales and how the government is expected to handle the outcome. At the risk of an accusation of being a prophet of doom, I can only reiterate my initial comments in this column in May. I stated that the regraded pay-scales for nurses could be a source of contention, and questioned nurses' hopes of a bonanza if the total amount of regraded pay exceeded government estimates. In both instances I appear to have been correct.

The matter has raised hopes, dashed them, and in the process caused contention. This has been the background for strikes at some institutions and has even caused midwives to look again at their no-strike clause. Here, management has called mollifying meetings on regrading, countered by nurses' representatives meetings on degrading. Many nurses fear that in order to keep the total budget tight within the government's funding, their posts will effectively be degraded. We are told that this should not happen; nurses' posts will be graded according to the criteria laid down in the guidelines. Unfortunately these criteria have changed and there has been disagreement between management and staff sides in this alteration. By the time this is read each nurse should have received her or his personal grading, which we are told has been carried out without regard to the total cost.

In some regions of the country, regrading of posts has been carried out with a view to keep the total cost within the sum allocated. However our region, being aware that out of date information on staffing levels may have misled the government, wanted a fair appraisal of nurses' responsibilities without pecuniary interference. This may make for some difficulties if, as it almost certainly will, the total does exceed the government's expectations; will different regions' interpretations mean a disunited front?

The optimists believe that it will be difficult for the government to face the charge, at the bar of public opinion, that they have short-changed the nurses. The pessimists believe the nurses will either find themselves degraded, or services to patients will suffer in order to foot the bill. Both these latter are undesirable solutions.

Meanwhile, at Guy's a freeze on filling new vacancies for nursing posts has been imposed, for the first time in my memory. This has arisen to combat overspending in some areas. Put together, both these financial constraints present an almighty headache. Uncertainty for staff about their own future position on new pay-scales is unsettling, but combined with the knowledge of how much harder work may become if colleagues alongside them are not going to be replaced if they retire or resign, this is surely an unenviable situation. Whatever the solution to the regrading exercise, we know that money is regrettably at the root of the problems. Will there be enough of it available? We shall wait and see.

Denis Cobell

Sport

Parachute Club

The major event for the Parachute Club in the last year was the Student National Parachute Championships.

After some training jumps in Belgium, where the Belgian airforce had loaned a C130 Hercules to a civilian parachute club for a weekend, attracting jumpers from all over the world (22 countries were represented), we felt reasonably confident. The Student Championship, organised by the British Collegiate Parachute Association, consists of a number of competitions. An accuracy competition was organized for student parachutists on round canopies. For more experienced skydivers, there were two team events. The Launch and Accuracy competition consists of two parts. In each round, a team of four has to launch a designated free fall formation from the aircraft, points being lost for breaking the formation, or tumbling, and then after opening their parachutes, there is a team accuracy competition, with the total team score counting.

On the basis of these accuracy jumps, individual accuracy medals were awarded.

R W Sequential involves each team trying to complete as many of a set sequence of free-fall formations as possible in 50 seconds. Guy's was one of only two Universities to field a full team of four, the others being made up by combining University clubs.

In the Launch and Accuracy, the free-fall part went well, as we successfully launched the required formation in each round, and Sue Evans did well in the accuracy, winning an individual silver medal, but Geoff Tothill, Roger Walters, and Adrian Simons let her down in the accuracy and we finished 3rd.

In the R W Sequential, Leeds University was unbeatable, but there was a good competition for second, between Guy's and a mixed team from Imperial College, Westfield College, Trent Poly, and Kingston Poly, with positions changing in each of the first two rounds. Unfortunately the event was stopped there due to bad weather, and again we finished third.

As a finale to the week's competition, we attempted to break the British Collegiate Record for the longest free-fall formation.

Geoff Tothill and Adrian Simons, having the most experience of large fomations, were saddled with the task of organizing this.

The first and only attempt ended with 15 out of 16 people in the fomation (*see photo*).

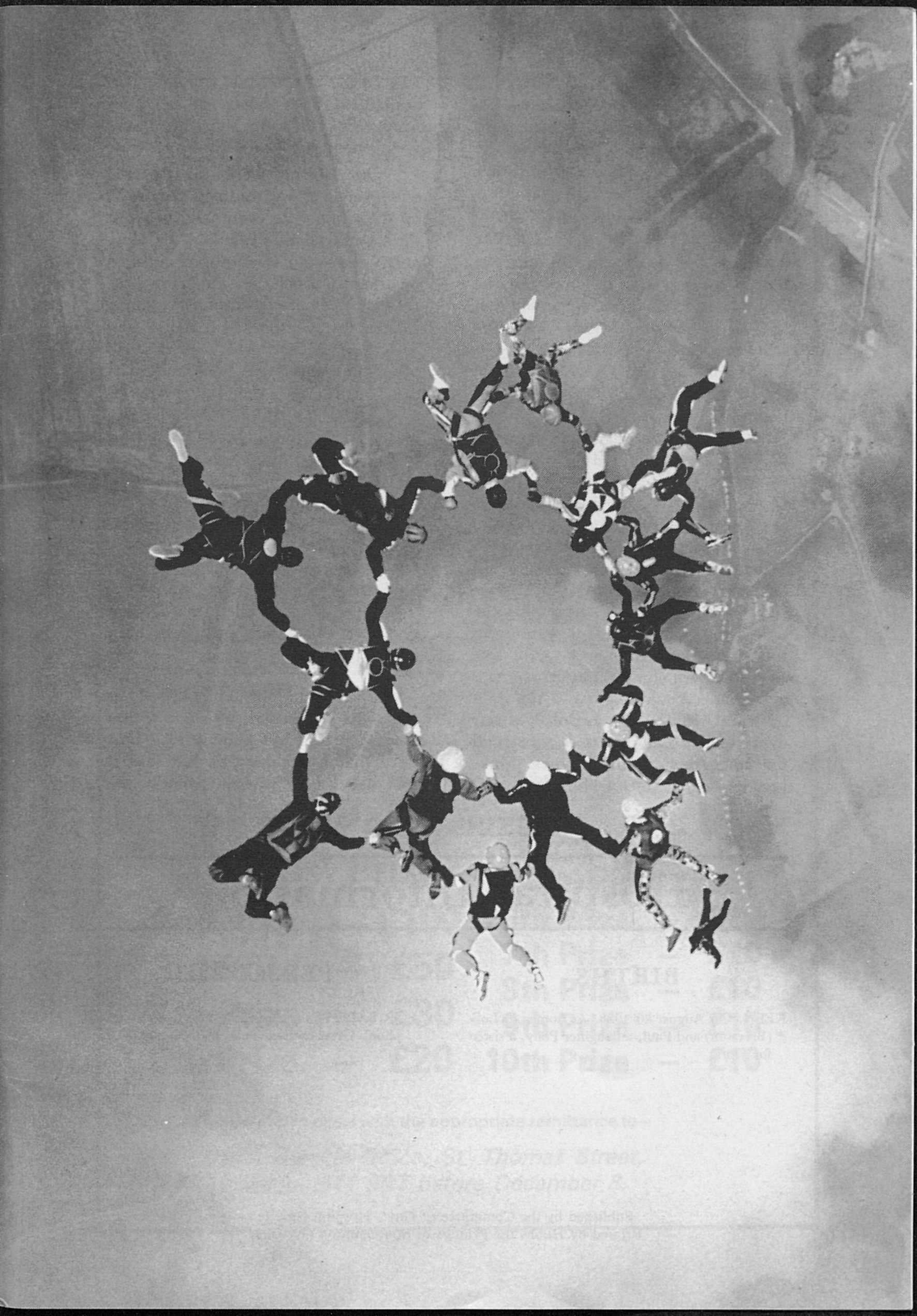
Adrian Simons was elected as next year's joint chairman of the British Collegiate Parachute Association, so we all hope to see a larger Guy's contingent at next year's nationals, with some entrants in the competition for student parachutists.

A W Simons

RUGBY CLUB

Guy's v Blackheath, 1st October
12–29

The playing of the oldest rugby fixture in the world always makes the members of Guy's RFC somewhat apprehensive, but this year seemed



different. We were more confident (some say unwisely so) because we had beaten Blackheath last season. They confirmed our suspicions by demanding a Saturday fixture, rather than the regular Tuesday game. A scenario for a bloodbath? Read on to find out.

For the first ten minutes we didn't have a look in on the game and it seemed as though it would end up, as in previous years, with the scoreline reading Blackheath a lot, Guy's *nil. Cynics will say, 'But the* score was like that!' My reply would be that they were not there to witness 'One of the best performances of a Guy's rugby side.' This comment came from Tony Wilson (an ex-Blackheath man) on the touchline. He must take most of the praise for the display because it was his fitness sessions that helped mould a very mobile pack and an excellent team spirit. Our fitness showed in the support play plus the out-rucking, and even out-mauling at times, of a much bigger set of forwards in both stature and gross tonnage. Their extra height did not stop us from winning a good deal of our own lineout ball using a shortened line and Alan Mistlin's quick thinking. In defence our tackling, at times, was heroic and so the scoreline was limited to brief salvos of penalties from both sides. In short, we were giving them a bit of a tuffing.

Our spirits were up for the second half as we resumed our place on their line. We eventually broke it through Graham Bevan on the wing only to have our celebrations quoshed by a foot in touch decision. However, Llewellyn Major (Captain) called a Llanelli move on a penalty and Llewellyn Minor (flanker) crashed *over for eight gins. The score now* stood at 12–15 and it is here that I must sadly say things stopped going to plan. We did fight. 'Don't your boys ever give up?' was a question asked of the injured Tony, who was watching intently his side's performance. But what really stumped us was their scrum. As it was from this very stable platform that they scored two quick tries in the last ten minutes of the game, which swelled the scoreline to a level that didn't truly reflect the run of play.

Blackheath left the field tired and somewhat surprised. We left feeling that we are at last playing to a standard that had eluded us last season, and also that we can play even better.

Hospital Information

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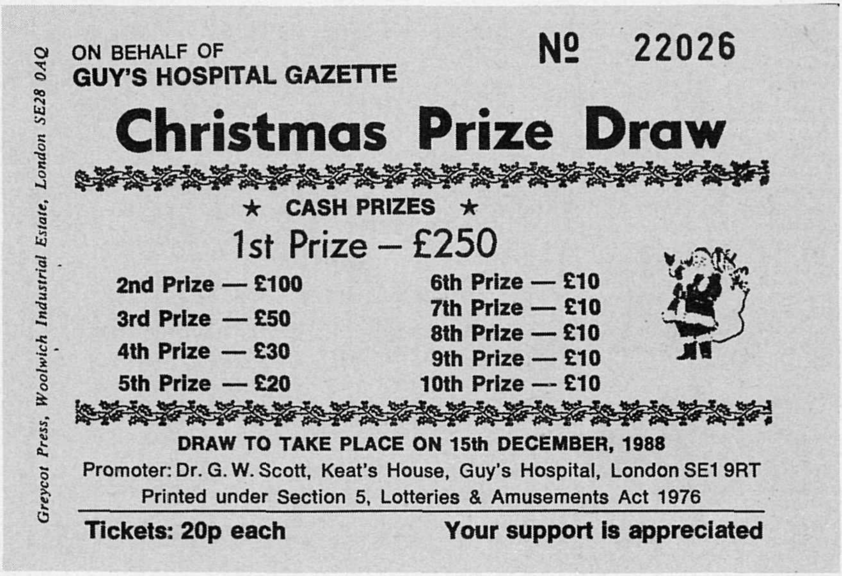

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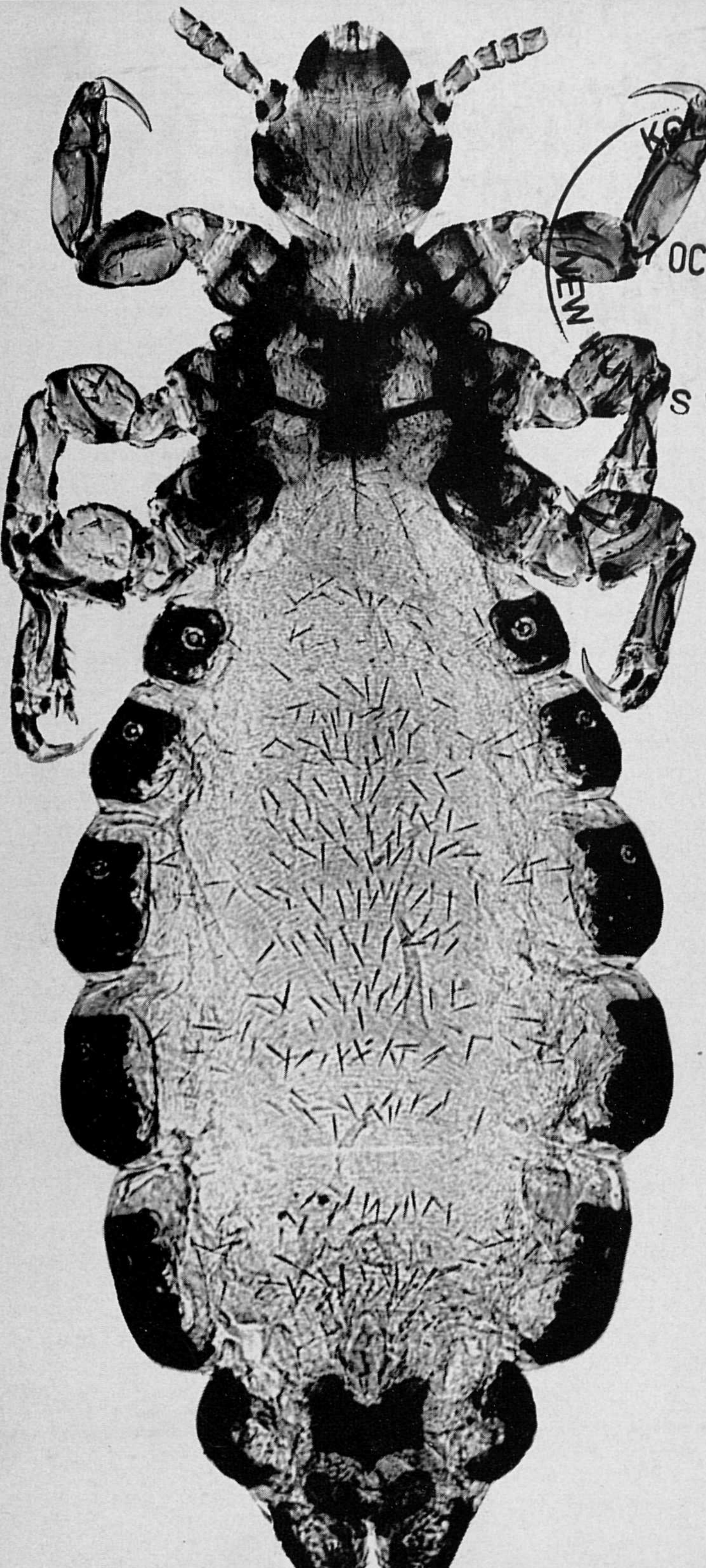

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GUY'S HOSPITAL GAZETTE

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Cover: A macrophotograph of a head louse (real size 3mm) by Kevin Fitzpatrick, Anatomy Department.

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Passim

Racism at Guy's?

No sooner had we announced, in October, the appointment of Jenny Keen as the anti-racism and sexism officer of the student medical education committee, than she was leapt upon by the national press, eager to stir up controversy. Sure enough, she was able to confirm that a student had been referred to as a 'poppadum eater' by a doctor. Armed with this sensationally inflammatory remark, the newshounds were able to work it up into a 'shock horror scandal' of the cheapest kind. Jenny Keen was duly censured for bringing the name of the medical school into disrepute, having done nothing more than tell the truth about a reprehensible yet unremarkable incident.

What is it about racism that prevents it from being discussed rationally? Why must those involved in the argument always be seen as either Nazis or Trotskyites, depending on your point of view? Racist attitudes are surely sufficiently widespread throughout the world for them to count, along with lust, greed and dishonesty, as normal forms of human behaviour. They are the cause of profound injustice. Yet somehow, in a nation which is supposed to pride itself on its sense of fair play, an attempt to curtail a widespread source of injustice is viewed as controversial — even subversive.

Is there racism at Guy's? We would welcome the views of *Gazette* readers on this point. In the meantime, we applaud the sensitive and sensible approach adopted by Jenny Keen and SMEC in seeking information about the extent of the problem. Let's hope that their endeavours can continue without further interference from the gutter press.

No place for gauleiters

At the introductory lecture marking the beginning of the new clinical course in September, Professor Ian McColl reassured the students present that they had no need to worry about the term *gauleiter* — the German word used to denote the leader of each firm, who has to organize rotas for ward rounds, and so on. It was, he assured them, a perfectly innocent word. Since the vast majority of words in any language are perfectly 'innocent' in their derivation and meaning, this assurance was worrying in itself. What was it about *gauleiter* that needed to be swept so hurriedly under the carpet?

In defence of the term, it must be said that Guy's has had *gauleiters* since before Hitler was born, and that any association with his rule is therefore no more than an unhappy coincidence. And if British medical students were happy to use the term in 1947, then who are we to complain about its use now? The fact remains, however, that the word's most powerful association is now not with a district leader in imperial Prussia, but with Hitler's Nazi regime. This fact was brought home to me by a friend, whose mother is German, and who happened to make passing reference to her *gauleiter* in conversation at her home. Her mother's response was one of shocked outrage, leaving her in no doubt as to what the term meant.

The activities of concentration camp doctors under the Nazis represent one of the worst episodes in the history of the medical profession. Surely, in the multicultural Britain of the 1980s, there is no possible justification for our continuing to use a term which has been indelibly tarnished by its links with the Nazi Party?

In this month's Gazette

In *News in Brief*, Freshers Claire Jones and Tara Marks venture among the flying bread rolls to report on the Snowflake Ball, while Dijen Basu highlights some deficiencies in the new clinical curriculum.

Over the next few months, we hope to give wider coverage to the activities of some of the Guy's clubs and societies. This month Tara Marks fills us in on the Ladies' Self Defence Course, while Dr Roger Lewis chronicles ten years of achievement for the Squash Club. From the Welsh mountains Tal Jacobson explains the attractions of the Mountaineering Club — the perfect opportunity to spend a cold night sleeping on a hard floor miles from anywhere at only £12 a head.

Martin Sadler interviews award-winning photographer Kevin Fitzpatrick about his work, while Mark Slade concludes his account of the Seoul Olympics.

From the *Gazette*, fifty and one hundred years ago

The *Guy's Hospital Gazette* of November 10 1888 had some encouraging news for student readers:

> We intend that our columns shall contain matter of interest to students of all grades; and we are able to announce that arrangements are being made for a scheme which will greatly enhance the

> value of the Gazette. We hope to publish a series of high-class pathological photographs, chiefly of cases in the wards, with letterpress descriptions.

Unfortunately, the Editor is able to offer no similarly enticing prospect for this issue. It is interesting to note, however, that in the issue dated 19 November 1938, the *Passim* addresses the problem of the overcrowding of students, something which is still arousing concern today (see *News in Brief*). It states:

> It would appear that as the number of students grows larger, the desire to take an active participation in the treatment of one's patient gets smaller. The more people there are on a firm the more the little odd things tend to be left to somebody else.

Interestingly, the *Gazette* in 1938 was keen to see the demise of the Residents' Christmas Show, an institution which has survived unscathed to the present. The *Gazette* says:

> It has always been admitted that there are innumerable better ways of spending Christmas than getting more than somewhat intoxicated in order not to be ashamed of disporting oneself in a way that would be inconceivable in sober moments. It is our opinion that the 'Niggers' [as the Residents in question were known] ought to go, and go for good. In a year or two they would be regarded as a barbaric relic, or perhaps, more kindly, as a quaint old custom that has had to bow to advancing civilisation.

Long live barbarity!

News in Brief

Particle physics to come to Guy's

Guy's is to have a linear particle accelerator to add to its already-impressive array of high-tech hardware. The facility is due for completion in October 1989 and will form part of the armoury of the oncology department in the treatment of cancer.

Christmas charity concert

On Saturday 10 December at 7.30 pm there will be a concert in Southwark Cathedral in aid of Ronald Macdonald House, the facility at Guy's to enable parents to stay at the hospital when they have a child receiving treatment. The concert will feature Sophia

Rahman (piano) and Katherine Gowers (violin). Tickets, priced £3.00 (£1.50 concessions) are available from the Appeals office, 01 403 3263.

A medical cataclysm?

A great deal of controversy centres upon the two-week overlap that occurred between the new and old first-year clinical students at the beginning of the new clinical curriculum in September. This meant that a typical firm in, say, dermatology, had two groups of students, one lot having twelve months more clinical experience than the other, each trying to learn the only dermatology that they would ever be taught during their course. Having double the number of students chasing the same number of patients led to some most amusing problems of overcrowding, particularly in surgery, where on occasions twenty students were led on ward rounds. They thronged three-deep round the beds, all straining to hear the exchange between healer and healing.

Two weeks passed. We all breathed a sigh of relief. For some, however, this brief lull lasted only a few days. It was noticed that certain firms weren't timetabled to have any teaching, ever, in some important specialties like ophthalmology. This meant that they had urgently to double up with firms who were already doing the subject, even if these latter were in the fifth year. Once more the clueless met the clued-up in a disturbing and impractical charade.

A new sign-up system has been created, encompassing many interesting new ideas. This is obviously an encouraging development, but it is also interesting, nay, intriguing, to note that the medical school office left it until the very last week of the firm before they explained the changes to the system to the consultants. It was a little perturbing to hear one consultant saying that since the previous system had worked for 20 years he couldn't see for the life of him why it should change now.

It must be said that the new curriculum will probably run more smoothly next year, when the overlap period will be only one week between year groups, but it is certainly not achieving all its objectives at present.

The *Gazette* would welcome the comments of readers—both the teachers and the taught—on the running of the new clinical curriculum, especially on the working of the overlap period.

Dijen Basu

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Guy's Scanner Appeal

Guy's Rugby Club helped to raise over £2,500 for the Braxton Hicks fund last month by taking part in a sponsored run up and down Guy's Tower. Members of the club, including their president Dr Terry Gibson, succeeded in climbing the 655 steps 30 times.

Guy's man takes Chair in jazzland

Dr Robin J O Catlin, who was at Guy's from 1945 to 1951, has been awarded the Chair of Family Medicine at the Louisiana State University School of Medicine in New Orleans. His wife Rita, (née Rimmer) was also at Guy's from 1948–1953.

Budget deficit worsens

At a recent management board meeting, a tight-lipped Ron Crapper, Director of Finance at Guy's, reported that the hospital's financial position had worsened in September, with cumulative deficit for year to date now standing at £1 million. Savings plans have been agreed with most clinical directorates though details of their implementation have yet to emerge.

Guy's wins heart accolade

Guy's has been nominated as one of the new supra-regional heart transplant units, a major achievement for Mr Yates and his colleagues in the cardiac directorate.

The Snowflake Ball

That infamous social event of the year, the Snowflake Ball, was held on Friday, 11 November at the Café Royal, the management of which must now be wondering whether it was the Full Moon that prompted them to such madness.

Sophisticated, civilized behaviour abounded (for the first hour anyway) but by the time your intrepid investigative team arrived (on the bus and a little worse for wear), events resembled a particularly bad Inflam — I must take this opportunity to thank the girl with the water pistol secreted up her skirt for my very refreshing shower.

The food and ambience were all that one might have expected from the Café Royal. Unfortunately each course seemed to contain pieces of food that were perfect as airborne missiles for the sporadic food fight going on between a few tables. The orchestra accompanying the fight (sorry, meal) was greeted with rapturous

Snowflake organizer Emma Ross receives her Tarzanogram (*Photo:* Tara Marks) applause and if the speeches weren't listened to in absolute silence they did at least provide more laughter.

The cabaret consisted of a belly dancer and most of London Zoo's Reptile House, providing great amusement for everyone — except, that is, for the party goer who was chosen for an impromptu lesson in belly dancing. He was forced to wear that essential accessory to a lady's evening dress — the Boa, although I can't say there were many feathers on his!

Post-cabaret entertainment consisted of dancing, a casino (at which I won and lost in rapid succession — purely in the cause of investigative reporting naturally) and a 'Bucking Bronco'. The latter had an uncanny ability to separate a lady from her bodice dress, making it very popular with the men.

Finally, a few messages.

> To the socially aware person who threw up over our table — thanks a lot.
> To the gate crashers who got in free — How did you do it? Answers to my pigeon hole please.
> And ultimately to Emma Ross — many thanks for the great job of organisation and congratulations on the new boyfriend. Loved his haircut but I think you should tell him that a red satin handkerchief is to be carried in a pocket, not worn. Of course, this is only possible if one is wearing something other than the handkerchief in which to carry it.

Claire Jones

(*Photos:* Tara Marks and Ron Simon)

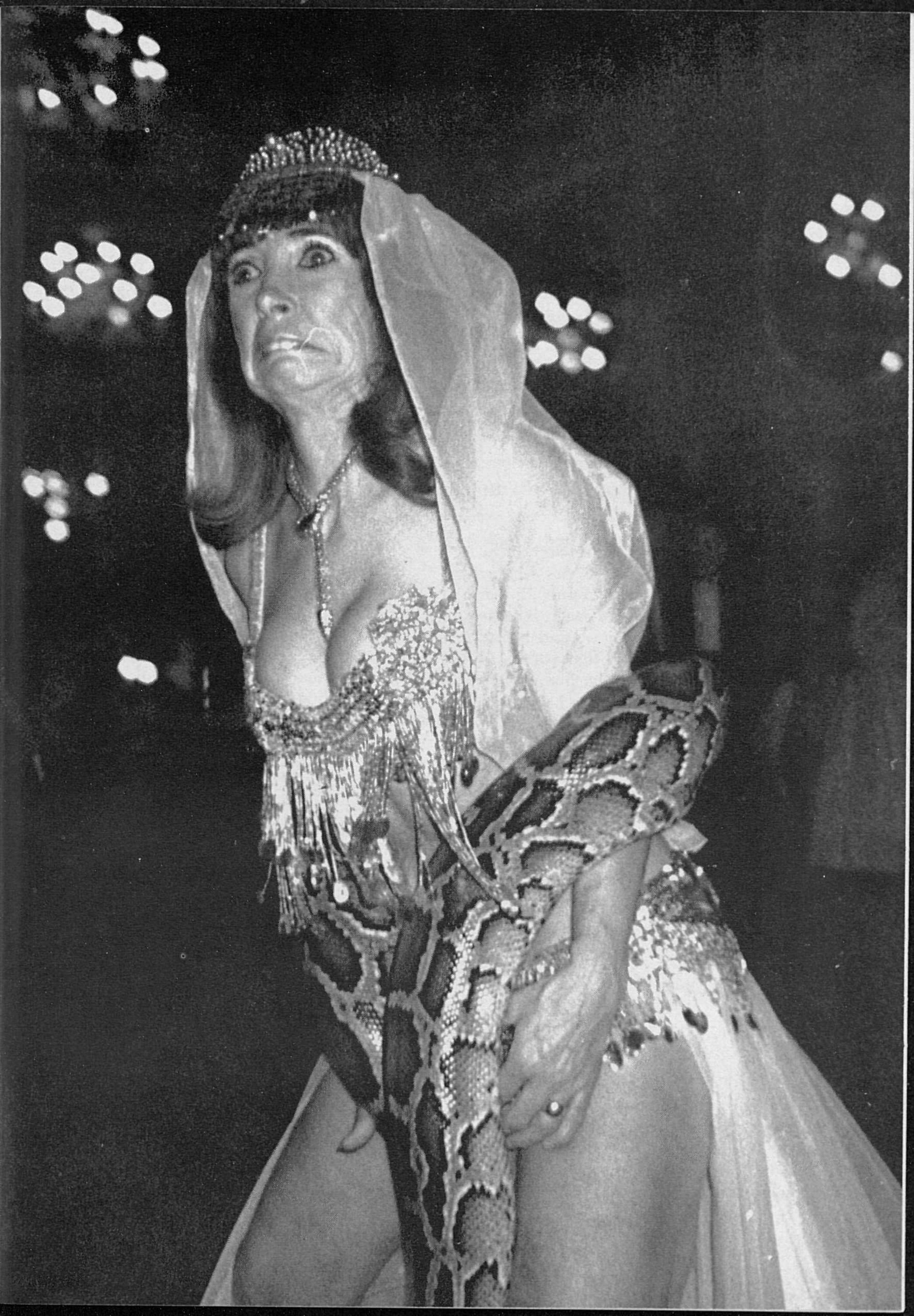
Blues Committee

At a recent meeting of the Blues Committee the following awards were made:

Athletic Club:	Full Blues:	Keir Powell
		Elli Elson
	Half Blues:	Kate Laughton
		Justin Simms
Cricket Club:	Full Blues:	Simon Crowther
		Richard Vowles
	Half Blues:	Henry Taylor
		John Hare

M J Gleeson

Secretary of the Blues Committee



Islamic Society

The Guy's Islamic Society has now been set up with the initial objective to allow Muslims the opportunity to participate in the congregational Friday prayers — Salat-ul-Juma. It has now been in existence for all of two weeks and is still going strong.

We meet every Friday at 1pm in classroom 2 (down the stairs by the Anatomy Theatre and turn right). If you wish to contact us, please leave a note in our pigeon-hole in Boland House. We look forward to hearing from you.

Correspondence

No fluff under the bed

Dear Sir,

What a true and excellent letter in the November *Gazette* from Mrs Marny Hallam of Newbury. Emily P set standards it would be well for the profession to follow now, and before anyone tells me again that you can't go back or life isn't what it was, why not? The patients too had their standards; they knew the nurses and also knew that they would be back tomorrow; felt free to ask questions that worried them of anyone from consultant to Junior Pro. No state of bewilderment for them and no fluff under the beds.

Yours faithfully

URSULA KILBY

The Old Bake House,
Kimbolton,
Huntingdon,
Cambs. PE18 0HA

Racism at Guy's

Dear Sir

I write with reference to the recent press reports of racism at Guy's, and the appointment of a Student Medical Education Committee Anti-racism/sexism Officer, Jenny Keen.

Upon reading the reports I was shocked that such allegations should be published in the press, and the name of Guy's Hospital (NB not UMDS!) dragged publicly through the mud.

Surely the place to air such grievances, if they exist at all, is with the senior members of the medical school administration, and not with members of the press. I can only assume that this act of sensationalism was at the instigation of the senior medical student herself, for her own self-glorification as the 'people's champion'.

I cannot believe that such racism is rife at Guy's. Instead, a few remarks of a potentially racist nature have been blown out of all proportion. If the situation portrayed in the papers is to be believed, virtually all the pathology teaching department and several members of the medical and surgical staff must be deaf, thick-skinned or living under unbearable stress from racist taunts. This I do not and will not believe.

Yours faithfully

N S YEW

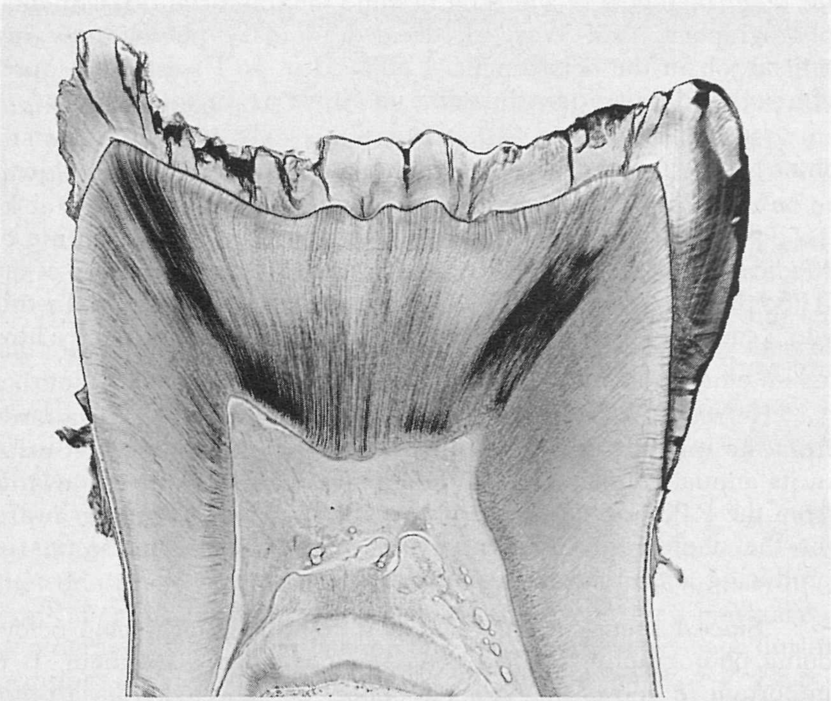
Boland House

An interview with Kevin Fitzpatrick

by Martin Sadler

The remarkable cover photograph on this month's *Gazette* is another taken by Kevin Fitzpatrick of the medical school Anatomy Department. As reported in last month's edition, Mr Fitzpatrick has recently received the Rodman Medal awarded by the Royal Photographic Society (RPS) for outstanding contributions to medicine and biology through photomicrography and anatomical photography. This international award, first struck in 1935, is named after Dr George Hook Rodman who qualified from Guy's in 1883 and went on to become president of the Roentgen Society (1910–11) and president of the Royal Photographic Society (1920–21). It was probably as a result of his work during the pioneering days of radiography that Dr Rodman became aware of the problems particular to medical photography and the skills needed to produce good images.

A section of a molar tooth, thickness c. 200 micrometres



The Rodman Medal is the highest professional accolade that a photomicrographer can achieve. Although it can be given annually, only a handful of exceptional candidates have received the award since its inception in 1935. Those eligible for the prize have to be nominated by the Medical Group of the RPS and have then to submit a portfolio of work for assessment. In Kevin Fitzpatrick's case, this comprised over fifty reprints in which he has acknowledged photographs, and the last two editions of *Gray's Anatomy* along with original photographs. This work represented the cream of nearly twenty years as a medical photographer and demonstrated a wide range of different photographic techniques. Some examples of macrophotography (low magnification shots of sectioned material), radiographs and anatomical photographs are shown here.

I asked Mr Fitzpatrick how he began as a medical photographer.

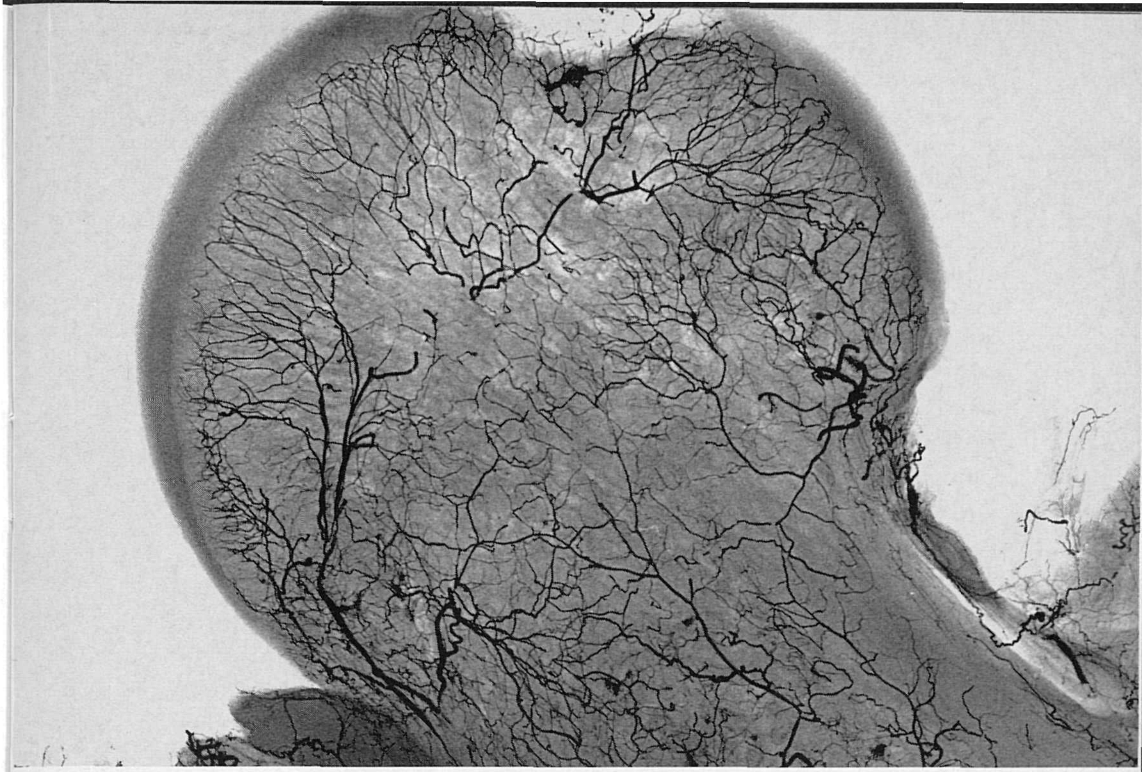
'By accident. I started work in the anatomy department in 1969, in the reign of Professor Warwick, having trained as a scientific laboratory technician. I was asked by the professor to help a PhD student with the photography in his thesis. It took nearly four months off and on, and by the end I had done photographic work for other members of staff and become the unofficial departmental photographer. Prof Warwick decided to make photography my official job in the department. I enjoyed it, so I wasn't too upset although I didn't originally come to Guy's as a photographer.'

How did the competition work begin?

'I had no formal training in photography and felt that if it was to be my career I had better make sure that I was competent at it. To do this I became an associate member of both the Institute of Medical and Biological Illustrationists and the Medical Group of the RPS, the two professional bodies of medical photography. In this way I could get to meet other medical photographers, but to see how my work measured up I started entering their competitions.'

He seems to have done rather well, winning over 16 awards from the Institute of Science and Technology, including first prize in its annual competition for the last two years; five merit awards from the RPS and two *Lancet* awards and a Kodak Premier award for the photographs in *Gray's Anatomy*. What are the secrets of producing good medical photographs?

'Since I spent several years as a laboratory technician before doing photography, I know good sections when I see them. It is important to know what can reasonably be expected from a prep-



A femoral head, printed using an X-ray as a negative, to bring out the capillary arcades. (*Specimen:* M Brookes and J Spencer)

aration since the photography can't improve the appearance of bad material. The real secrets are patience and attention to detail. Some people would probably call me pedantic, but a 'that'll do' attitude won't produce very good photographs.'

What are the things that most people have difficulty with when they come to photograph their work?

'One of the most common pitfalls is poor or uneven illumination of the specimen. Lighting is crucial, and can be extremely difficult in macrophotography. If someone wants macro work, I ask them to prepare slides specifically for photography if possible, because thick, carefully flattened sections produce the best photographic results.

'Another mistake many people make is that they fix their attention on the interesting part of the field of view so much that they don't notice any debris or other tissue imperfections elsewhere until after the negative is printed. Alternatively, they may take a photograph at low magnification and then enlarge the image during printing in the hope that the detail will be improved. Empty magnification does not improve upon the original resolution.

'Many people don't know how to use filters to improve upon the contrast of black and white images. Things that stand out down the microscope usually need to be brought out from their background using filters for black and white photography. This is something which we teach all our BSc students in the anatomy department, but you would be surprised at the number of researchers who have been taking photographs for years without using filters. They can't understand why the 'obvious' feature on the slide has melted into the background on the print.

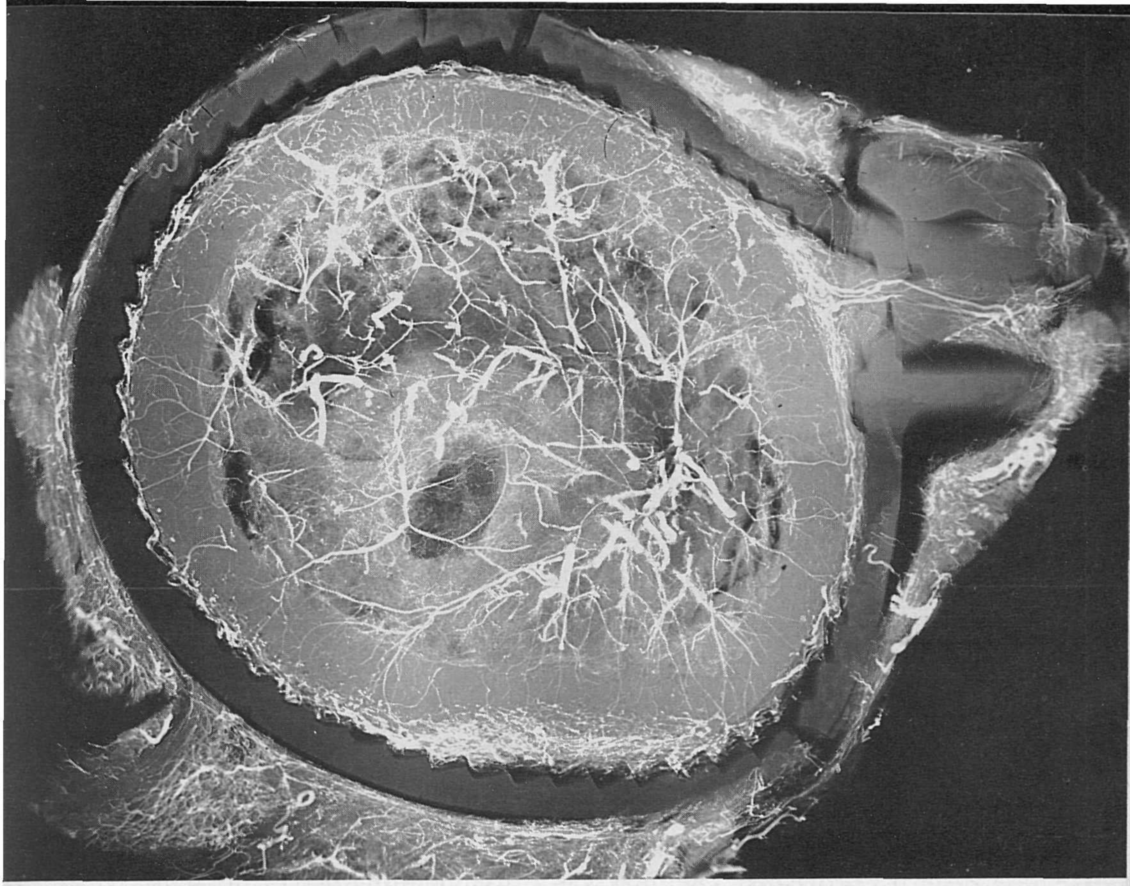
'Those, and the problems of setting colour temperature for colour photography, are probably the most common mistakes that I have come across over the years.'

What sort of photographs has he found particularly challenging over the years?

'Macrophotography is probably the most difficult for the reasons given above. But of the rest, taking good photographs of bones can be difficult. Using normal photographic illumination bones tend to lose all of their detail since they reflect so much light. I have developed a technique using only 30 watts of illumination and very long exposures. You have to know the bus timetable and hope that no one stomps around while the work is in progress, but the results are worth the effort. Another problem of recent years is in the production of good colour slides of immunofluorescent-stained material. Fluorescent antibody staining techniques are being used increasingly, but the fluorescence quenches fairly quickly. A photographic record needs to be taken while it is still bright, whether for research, for publication or for slides. Often, by the time the colour slides are to be taken, the material is past its best. Furthermore, it is often difficult to get all of the colour settings correct first time around, so the results can be disappointing and the colour film and processing is very expensive. I have developed a simple technique using a special high contrast black and white film to produce prints for publication and coloured slides. The colour on the slides is produced by taking good black and white negatives and sticking a coloured filter onto them and then projecting these. This 'pseudocolour' method produces good coloured slides at a fraction of the cost of normal colour transparencies.'

And the most unusual photograph that he has been asked to take?

'That would have to be Dr Hutchinson's tattooed penis. . . . I mean a photograph of a bizarrely decorated organ *for* Dr Hutchinson.'



An illustration of bone viability following the use of Partridge bands for the repair of fractures. The serrated edges of the bands preserve the blood supply to the bone. (*Specimen:* M Brookes, F Heatley, Mr Partridge)

What did he do with the photograph?
'You'll have to ask him that.'

The Games of the 24th Olympiad—

part 2—by Mark Slade

On Thursday I was up early for my 8.30 am start in the sabre. All went well with my warm up. I fenced disappointingly against the better fencers in my pool, but having won one fight I was still left, as I had thought I would be, with Liu to beat for a place in the last 30. Disaster struck — from a 4–3 lead (fencing bouts are fought for the first to 5 hits) I lost 5–4. I can still see the last hit in my mind, like one of those terrible moments when you know you are going to crash the car or drop that vase, but it's too late to avoid. On the way back from the fencing I bumped into Karen Kennedy, one of our gymnasts, who had to retire from her competition with an injured ankle. At 21 she is too old to contemplate another Olympics at gymnastics, so is looking for another Olympic sport to take up. It seemed to me that her suppleness and balance would serve her well at fencing, so I recommended her to try it. On my return to my room I found that I had telegrams and cards from all the members of the 1984 sabre team, which cheered me up a lot.

The rest of the sabre competition turned out to be a massacre of the east by the west, so that of the final eight only three were eastern Europeans. The final was a disappointing one in the sense that Jean-Francois Lamour, of France, easily retained the title he won in Los Angeles. This was very good for him, however, because it had always been said that he was very fortunate to have won the boycotted 1984 games.

On Saturday 24 September, I bet two other members of the team 10,000 Won — about £8 — that Ben Johnson, who had only qualified through the heats of the 100m as the fastest loser, would not win a medal. My bet began to look a little shaky as Johnson cruised through the semi-final looking very much like someone who had been taking it easy. In the restaurant in the crystal palace I met Judy Simpson, our leading heptathlete and an acquaintance from the LA games. She was very depressed after dropping out in the second event of the heptathlon with a knee injury, but as is her wont she managed nevertheless to be cheerful and friendly. We debated whether to go to the track to try to get in to see the 100m final (a tall order), but since Judy had had enough of stadia for the time being, we went instead to Itaewon, the market district of Seoul. I looked at a lot of fake Swiss watches and genuine

Judy Simpson with three new Korean friends

Korean ties, but bought nothing, while Judy placed an order for a leather suit at the after-haggling price of £180. On my return to the village I learnt that I was 10,000 Won poorer. Johnson looked fantastic.

On the following day I did manage to get into the track to see Flo-Jo win her first gold medal, after Ed Moses had had to be content with a bronze. Tessa Sanderson was trying bravely to stay in the running in the javelin, but as we returned from the track she was limping across the warm-up area with her arm around her coach.

Monday brought more fencing disappointments, as our men's foilists failed narrowly to beat China to gain promotion from the first round of the team event. Rumours were rife that Ben Johnson had failed the dope test. I began to imagine how I would spend the 20,000 Won that would shortly become mine.

On Tuesday the final blow fell on our fencing hopes, with the early elimination of our ladies' foil team. We also began to hear rumours that several of our team members had tested positive in the dope tests in various sports. Of these, the most prominent

Above: **A day at the races. The very small woman in the middle is Florence Griffith-Joyner.**
Opposite: **Kyong Bok Palace**

was, of course, Linford Christie, but in another case traces of antihistamine were found in the urine of some British athletes. These are banned for their potential sedative effect, but because the amounts detected were so small, it was felt by the British team doctors that trace quantities of antihistamine could have been absorbed by the competitors concerned through the use of mosquito-bite creams. I learned from one of the doctors that he had spent half an hour on the phone to the Guy's Poisons Unit, seeking expert advice on whether this was a possibility. In the event, it was felt that both in this case and that of Linford Christie, an innocent explanation was the true one. Only Kerrith Brown was left without a plausible excuse in the eyes of the IOC, and was sent home.

On Wednesday the sabre team competition started. I felt sad not to be taking part in this, since I have always done better as team fencer that as an individual, but since I was in Seoul on my own I was left on the sidelines. There was one very interesting pool in the first round, where the French, who had fenced so well in the individual event that they were first seeds in the team, had

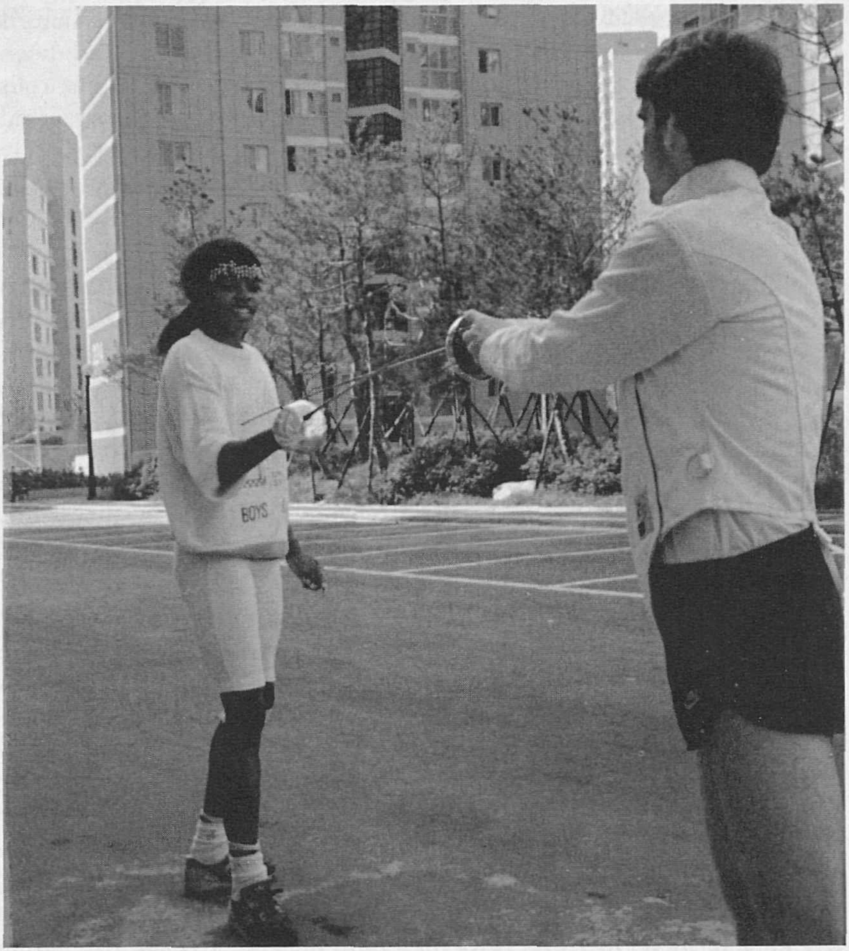
drawn Hungary (the eventual winners) and Bulgaria, who although they were seeded ninth, had been runners up in the world championships for the previous two years. With two teams promoted, I expected every bout to be very keenly fought, but as it turned out the Bulgarians simply continued their individual form and were easily eliminated.

Later on Wednesday I went with Judy Simpson to Kyong Bok, an ancient Korean palace comprising a series of wooden pavilions with carved ceilings. We had a look round but had to return to the village in the afternoon, because we had arranged to go on a 'family visit', organized by the interpreters in the village. We assumed — and had been led to believe — that this would be a visit to a typical Korean family in their home. I had agonized over whether to go on this, or to watch the semi-final of the men's hockey between GB and Australia, but had decided that it was important to try to see some real Korean life during my stay.

We left the village in a minibus with five other athletes and three interpreters. When we arrived at our destination, however, it turned out to be a bungalow that would not have looked out of place in Beverly Hills. Our interpreter spoke on the entryphone at the gate with the occupant of the house, and returned to tell us that the owner of the house was away, because there was a 'riot taking place at his factory — but we'll go in to see the house anyway', she said.

We were disappointed that our 'typical Korean family visit' seemed to be turning into a walk round the deserted, palatial home of an absentee Korean industrial magnate, but we tried not to show our dismay to the interpreters, who were very kind and enthusiastic. After half an hour examining the house, which looked like a job lot from Harrods, and discussing with the interpreters what a real Korean family home would have looked like if we had been in one, we decided it would be time to go. 'Never mind,' said the interpreter, 'we'll take you to the Kyong Bok palace instead'. Judy and I groaned, and said that we would take a taxi back to the village. This caused considerable alarm among the interpreters, who told us that because they had taken seven athletes out of the village, they would have to take seven back, and we would be obliged to stay with them for a further two hours. We gave them our succinct view of this proposition and eventually they capitulated.

On the following day I tried to keep abreast of Daley Thompson's progress in the decathlon, but it became increasingly



obvious that, unfortunately, a medal was just going to slip from his grasp. Judy decided that she too would like to take up fencing, because she is determined to come to another Olympics, and because she had been told that her torn patellar tendon would not allow her to high-jump again. Were anyone else proposing to start a new sport from scratch with the aim of competing at Olympic level in four years one would laugh at them, but Judy's determination, commitment and competitiveness are well-known in the athletics team, so we talked about how she might go about trying. She decided to take an epee lesson from one of our epee fencers, John Llewellyn, to see how she took to it. John was very impressed with her ability to learn the positions and coordination of fencing movements, so we'll see what happens.

On Friday I went to the Tongdaemun market, which is supposed to be less touristy than Itaewan, where we had been before. In Tongdaemun there were hundreds of stalls selling rolls of silk, and equally many selling dried squid, dog viscera and dried seaweed, all of which was highly colourful but not especially appealing. There were also, however, several hundred stalls selling ready-made garments, so I was able to buy a reasonable selection of presents for the folks back home.

On Saturday 1 October I went with John Llewellyn to watch the British pair in the final of the synchronized swimming. In order to do so we had to talk our way past the security guard, since we did not have tickets for what was supposed to be a ticket-only event. To my mind this really highlighted the difficulty of maintaining an adequate security system at an event as large as the Olympics: the guard shouldn't have let us through, but we did plead with him, we were wearing our tracksuits, and we did, I hope, have 'honest faces'. But then any successful terrorist would presumably have been able to do the same.

Anyway, once inside, we saw quite a number of very shapely pairs of brown legs moving sideways above the surface of the swimming pool, but were too far back in the spectators' seats to be able to assess the inanity of the grins displayed. In fact, although one is somehow expected to be facetious about synchronized swimming, I was impressed with the extraordinary cardiovascular fitness which many of the girls exhibited — they seemed able to continue to exercise strenuously under water for very long periods.

In the afternoon I had to decide whether to go to the track to see the 1500 m and 4 × 100 m finals, and risk missing some of the hockey final, or to go directly to the hockey. I chose the latter, and didn't regret my decision. It was certainly a great privilege to witness the marvellous 3–1 victory of Great Britain over West Germany. It was the only time during the games that I was actually present at the playing of the national anthem, almost unrecognizable though it was when rendered by a Korean brass band.

On Sunday there was the closing ceremony, which was one wonderful, big party. Everyone ran around happily enjoying the throng, some trying their best to do something to draw the attention of the TV cameras. There was a fantastic display of synchronized dancing by several hundred Korean women, followed by an incredible barrage of fireworks. The only thing that spoiled it was a series of speeches full of platitudinous claptrap about world peace and the brotherhood of man, but I suppose these were only to be expected.

And so, finally, to the flight home. I was travelling on Monday 3 October, which put me with the hockey team. Either coincidentally, or as a consequence of their victory, they were travelling in the club class part of the jumbo, the economy being full. As a result I was able to enjoy their company and a continuous supply of free champagne. Also in the same cabin were Tessa Sanderson, Fatima Whitbread and a rather drunken journalist (so what's new) from the *Daily Mail*, who was trying to get some quotable quotes from the others. At the airport there was an enormous crowd of journalists and photographers, none of whom was waiting for me to arrive, so I went home.

It's very difficult to think of a suitable one-line description of the experience with which to end this account. I think that the Koreans had made a tremendous success of organizing the Olympics, and that they were very unfortunate that it will probably be remembered as the one at which the fastest man in the world was disgraced. For my own part I enjoyed the games very much, and, had my personal performance been more creditable, my satisfaction would have been complete.

(*Photo:* **Dave Thompson**)

A South African Perspective

by Aliya Qidwai

Stephanie Jackson is a 21-year-old elective student from the University of Mitwaatersrand, Johannesburg, who was at Guy's for 3 weeks while studying neurology and neurosurgery at the Maudsley Hospital Neurosurgical Unit.

What are your impressions of Britain as compared with South Africa?
I think that I'm in a different position from other elective students who come to London in that I was born here and I come quite regularly.

The medical school is run in a similar manner. However our course is different in the organization of the years. At school we do not have a 6th form. We have matriculation and after that we do a one-year science course not unlike a BSc which involves chemistry, biology and physics. In the second year we do anatomy and physiology. The third year involves courses in pathology and microbiology. The fourth to sixth years are our clinical years. We do our final exams in the fifth year and then our 'final' finals at the end of the sixth year.

The system of examining and the format of teaching is very similar. However in South Africa we have more hands-on experience. We are needed to run the hospitals. In operations we are allowed to assist to a greater degree — in fact we are expected to scrub up and assist.

In the fifth year we are assigned our own patients and we actually treat them. We prescribe drugs under the supervision of the registrar.

There is an interesting variety of pathology in South Africa because we see the First-World situation in the white hospitals and the Third-World situation in the black hospitals. We are trying to change all that. In fact about a month before finals we staged a protest march; the academic staff were in their gowns and all the medical students in white coats. We are trying to get Johannesburg General Hospital, which is a white hospital, opened up to blacks. The students at our university are staunchly anti-apartheid.

What is the system of payment for medical services in South Africa?
We have a system which is a bit like the NHS. The contributions depend on how much you earn. There was a well-publicised case of

the black Siamese twins who were joined by their heads. All in all their mother paid the equivalent of 50p for the operation to separate them.

What is the back-up in the community compared with England?
I was very impressed on the ward rounds by the concern expressed about sending patients back to a nursing home or making arrangements about having a social worker or district nurse visiting. There are similar facilities available in South Africa but they are not fully operational.

How much time do you spend in the black hospitals?
We have a rotation system where we spend equal amounts of time in black and white hospitals. There are two white hospitals, JJ Stradem and Johannesburg General, two black hospitals, one in Soweto called Baragwanath and one called Hillborough, a high-rise building in a densely populated area. There is also one coloured hospital called Coronation near JJ Stradem.

There are, however, students known as non-rotators, who are black and white protesting students, who refuse to go through the white hospitals — they only go through the black hospitals.

How does initial clinical training vary?
Well, we are thrown in the deep end as well but the firm work together as a team and when I am a final-year student I'll be teaching younger students.

What is the proportion of girls and minorities?
There are about 170–180 students — 4% are girls. There are 20% black students, 25–30% Asian students and a handful of coloured students. The career structure is very similar to that in England. At present people either specialize or go into general practice. The popularity of general practice is increasing after complaints that there was very little 'family medicine' incorporated into our course. You still need a few years' experience before setting up practice and they are now thinking of starting a course.

What are your immediate plans?
I'm spending the next four weeks at UCL/Middlesex doing plastic surgery. I would like to specialize in plastic surgery but at present I am keeping an open mind. Specializing is very competitive and it depends on academic performance throughout the clinical years, on clinical examinations and on the basis of an interview.

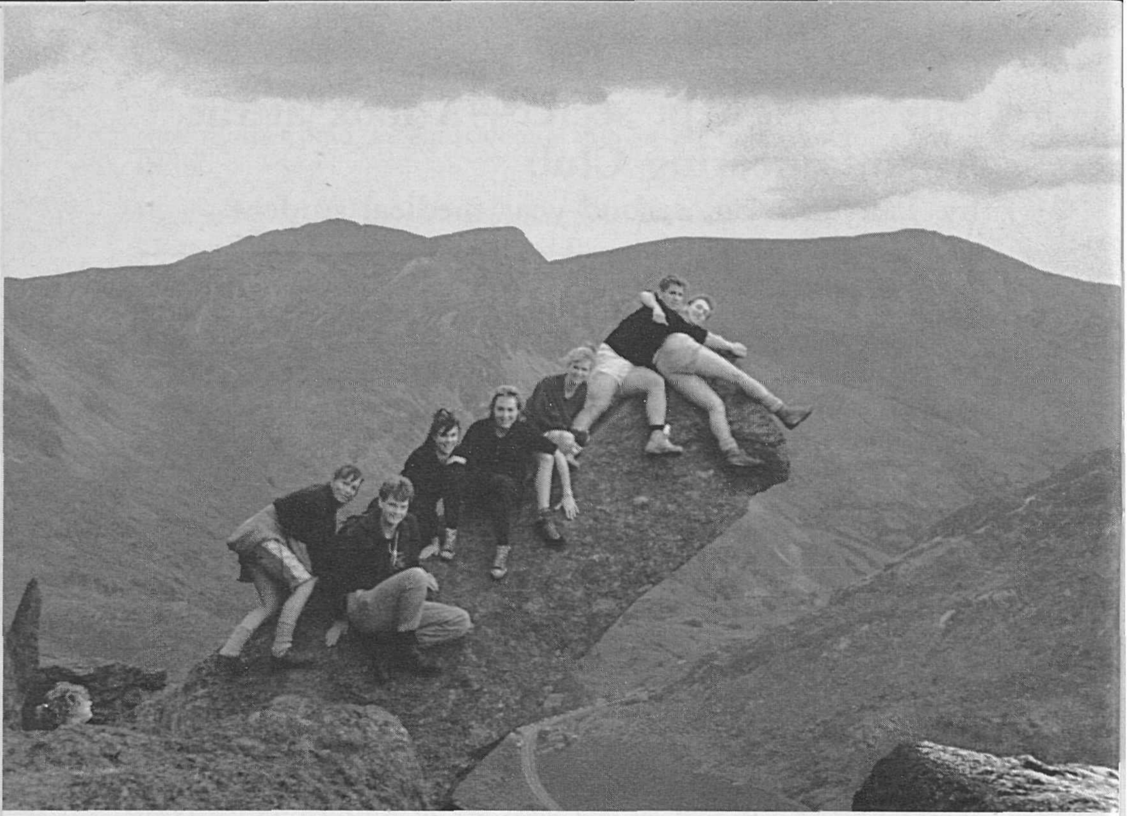
Guy's best-kept secret—A look at the Mountaineering Club

by Tal Jacobson, second-year medical student

The Guy's Hospital Mountaineering Club (GHMC) refers to its North Wales property as 'the hut'. This is a misnomer for what is in reality a converted chapel with full central heating, double glazing, open plan kitchen with living area, two bathrooms and comfortable sleeping for twenty people. It is surrounded by green fields and is about seven miles east of Betws-y-Coed (but only one mile from the nearest pub at Pentrafoelas). An estate agent could probably make it sound like Balmoral but I don't want to exaggerate.

The hut is used regularly by GHMC as a base for hiking, walking and rock climbing in Snowdonia. Other activities such as horse riding are available locally and in the future it is hoped to organize wind-surfing on the lakes, and river canoeing. A final year student recently spent an entire weekend swotting for his exams in the hut. This unsocial behaviour is usually discouraged but work pressure cannot be used as an excuse for not visiting Wales.

A breather (*Photo:* Tal Jacobson)



Editor's caption competition (*Photo:* **Tal Jacobson**)

Mountaineering is a healthy and invigorating sport but the club's title should not put anyone off. If you can get to the dissection room without using the lift then you can climb Snowdon without taking the train — it simply takes longer and needs a little more determination.

If you are interested in rock-climbing you can climb with an experienced club member using modern protection equipment (I'm refering to Friends not Mates!) which makes an exciting and addictive sport relatively safe. You will soon learn to trust your life to a rope and a Friend.

A weekend trip with GHMC leaving on Friday evening and returning on Sunday night still costs only £12 for which the club provides modern minibus transport to and around Snowdonia. (AA Relay vans have occasionally contributed to the return journey, most recently when president Mike Gillham ran out of petrol 40 miles from London). Accomodation and use of the club's extensive range of rock-climbing equipment is free. The only further expenses are food, drink and personal purchases. The local wool sweaters appear to be a big hit among Guy's more-or-less fashion-conscious students. For a trip to the mountains you will need a reasonable pair of walking shoes (preferably boots), some waterproofs and a sleeping bag.

The monthly trips are a good opportunity to meet medics, dentists, nurses, physios, research students, and ex-students away from the usual haunts of the bar, Honor Oak Park and the boathouse.

GHMC also visits the Peak District, the Gower and Cornwall during term time, with longer trips to Scotland and Europe during the vacations.

Last year's Freshers' trip was the largest ever with fifty-two people staying in, on or around the hut. This year there has been an unfortunate — and inexplicable — decline in numbers. I hope that an increased awareness of the club's activities will encourage greater involvement.

So whether you know your Krabs from your crampons and your prusiks from your pitons, or if you just want to enjoy a relaxing and quiet weekend in the mountains of Wales, allow yourself to discover the benefits of Guy's best-kept secret.

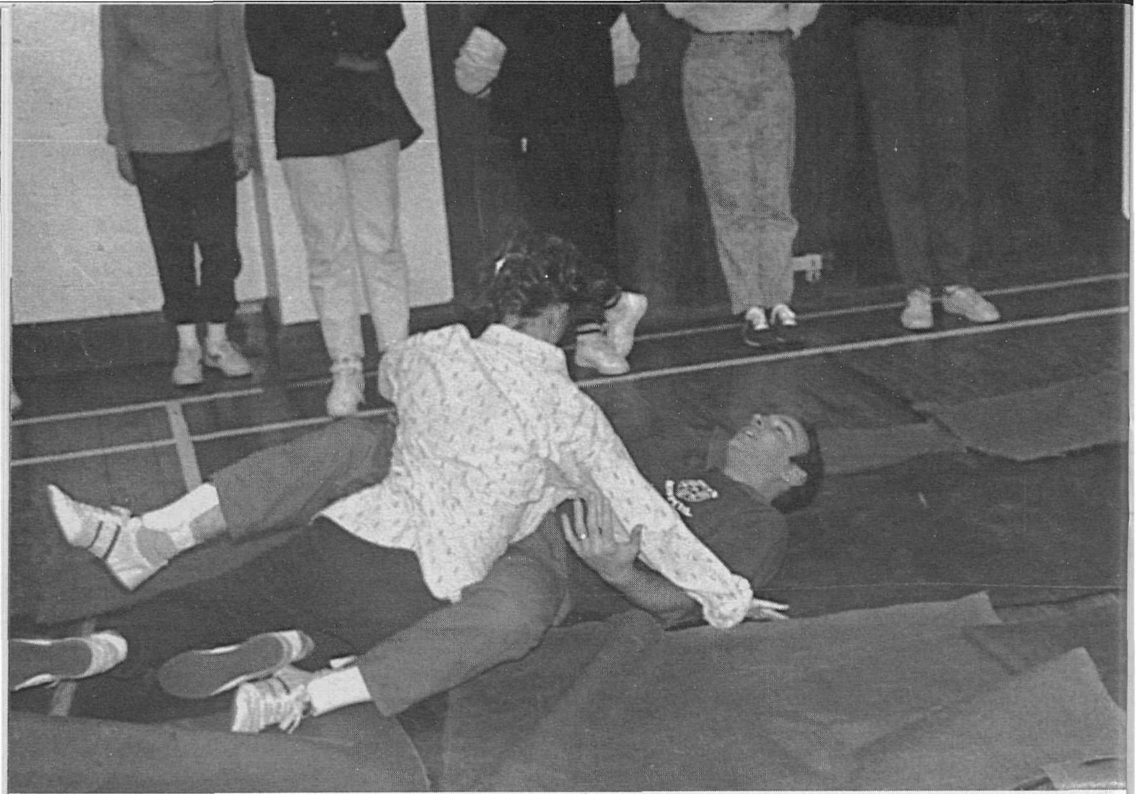
The Ladies' Self Defence Course

by Tara Marks, first-year medical student

Guy's Pavy Gym has recently been host to a four week course in ladies' self defence run by members of the Martial Arts Club and Mr Ian Davies.

Ian Davies is a senior instructor for Austin Goh's Martial Arts Academy, and is experienced in Kung Fu and Karate at which he is a second dan. The course had a broad basis on Wing Chun Kung Fu, an art developed by a Shoulin nun. Wing Chun (meaning 'Beautiful Spring Time') was the name of a girl who was reputed to have used the techniques against a local bullyboy some 150 years ago.

The increasing awareness of sex attacks and muggings in London was reflected in the good turnout of prospective participants in the course. Most of the teaching was orientated towards emphasizing use of good common sense, heightening self awareness and building self-confidence. The tactics are basic, effective and not



reliant on great strength or skill. The main priority when attacked is to immobilize the attacker, if only momentarily — and it does not require much imagination to deduce which areas of the male anatomy are primary targets! It was emphasized that gaining even just a few seconds to run or summon help could make the difference between escape and disaster.

Classes began by covering the possible ways of attack, and the appropriate methods to be adopted for each situation. As the weeks progressed, the members of the karate club introduced more realism by increasing the elements strength and surprise used. All the work was very carefully supervised and controlled so as to minimize the risk of injury, not just to ourselves as participants, but also to the unfortunate 'attackers' who might fall foul of a vicious kick or head-butt.

Our aggressors donned various guards for all sensitive parts of their anatomy and introduced us to the 'real' situation — we simulated darkened shadowy streets by using the Pary Gym squash courts with the lights out. With attackers lurking in the shadows and pouncing on us periodically, we got the eerie feeling of what it could possibly be like to be a target.

The final class saw a small gathering of bleary-eyed, tousle haired people, club members and participants alike, worse for wear after the previous night's revelry at the Snowflake Ball. Nevertheless, a rather vigorous and energetic practice session ensued, proving that, even tired and less alert than usual, we could still put up a good struggle once the adrenalin started to flow.'

Everyone agreed that the course had been both successful and enjoyable, and had covered most aspects of women's self-defence — including discussions about the possible after affects of an attack, and the presence of self-help and women's groups should they be needed.

The course will be repeated next year, and is recommended for any women interested in being set upon by five rather good looking young men at once, all, of course, in the name of self-defence!

Guy's Squash Club — Ten years on top

by Dr R R Lewis, Consultant Physician

This year Guy's won the Hospitals' Squash Cup for the 10th successive year, a record not previously achieved in any of the inter-Hospitals' Cup competitions.

The events surrounding the Cup itself are of interest. It could not be found for the first win in 1979 and extensive enquiry revealed that its whereabouts had not been known for many years. After the 1981 final a Guy's squash team played an informal match at St. Thomas' and were somewhat surprised to discover the Cup at the bottom of an old locker in their changing rooms. Such an opportunity was not to be missed; the Cup was seized, taken to Guy's and placed in a hospital safe to await valuation (finance first — surely a reflection of the times!) This latter move proved in fact to be most fortunate for at that very time the trophy room in Boland House was burgled. The Medical Sickness Society, which donated it in 1934, has resumed presenting it at the final, as well as generously supporting the competition.

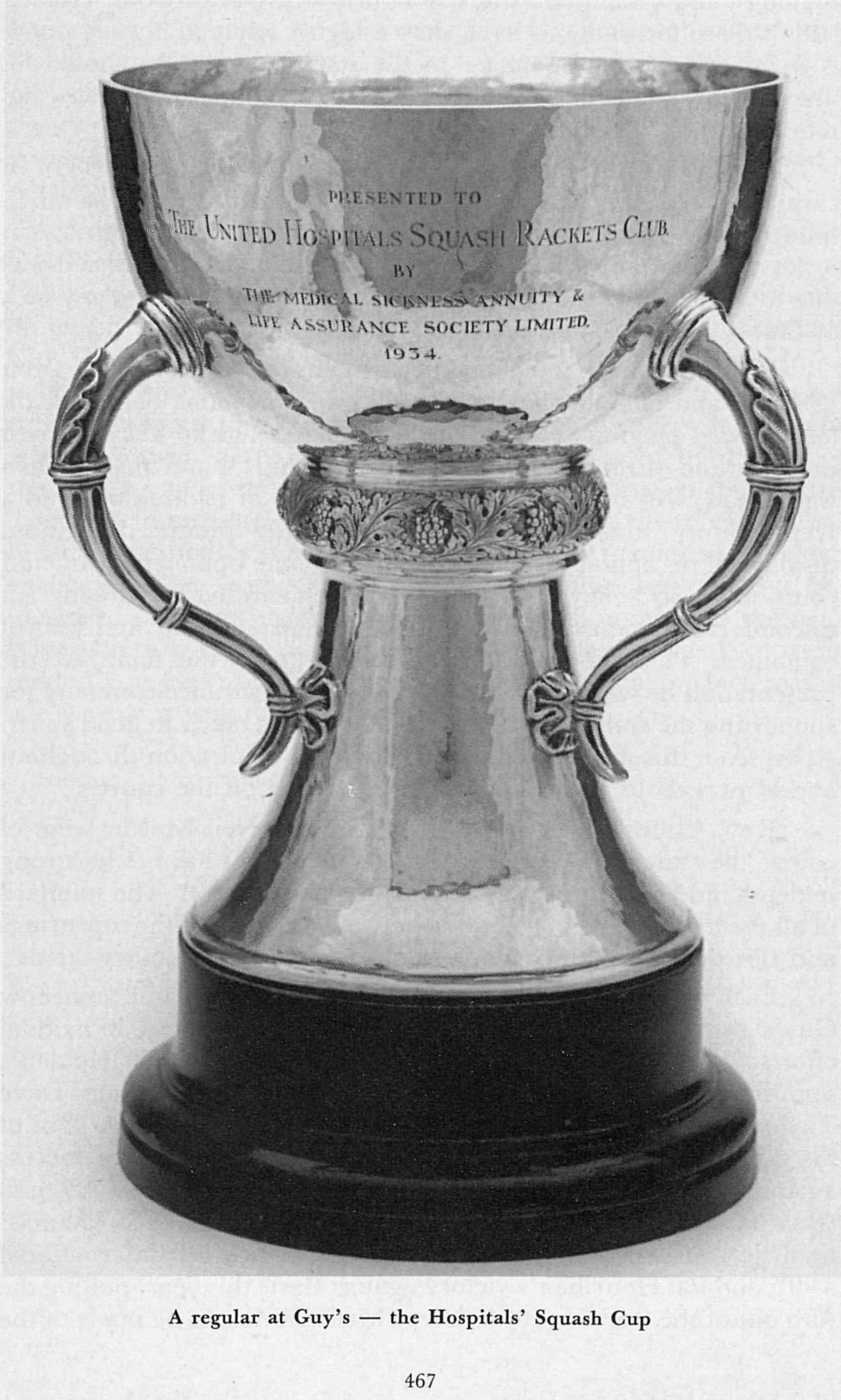
The finals from 1979 onwards were against St Mary's (3/2), St Thomas' (4/1), Middlesex (3/2), Middlesex (4/1), Middlesex (4/1), Royal Free (4/1), St Mary's (4/1), Royal Free (5/0), St George's (4/1) and UC/Middlesex Hospitals (3/2).

Particularly pleasing was the number of Guy's students who developed into fine players. The most notable was Colin Holden who captained the side for the first five years (1979–83) and improved to play first string in his last three. He then left Guy's and although not eligible for the Hospitals' Cup still continues to represent us in the Cumberland Cup. As a strong, determined player he kept opponents under constant pressure by taking the ball extremely early, an ability which brought him victory in all but one of his Hospitals' Cup games. Known as 'Iron Man' through his student days, his invincibility was seriously questioned last summer when a fall while gardening resulted in a fractured wrist and ruptured spleen. He did however make a commendably rapid recovery following surgery.

Dave 'Swing' Webber (1979–81) could guarantee to start off well against all new opponents due to a devastating psychological blow he inflicted before the actual game started. As a talented golfer he brought to the squash court an exaggerated swing which during the knock-up enabled him to hit the ball harder and more accurately than is possible for most ordinary mortals. Unfortunately the accuracy rarely persisted when he, as well as the ball, had to move, He had his victories, but most felt they would have been more frequent had he accepted the advice that preparation for squash requires more than a stroll round the golf course!

Jamie Farquharson (1979), Paul 'Wind-up' Saunders (1981–83) and David Taylor (1982–85: Captain 1984–85) all developed into players of high standard. Dave Wright (1986), a keen rower as a student, made a welcome return for a year's research and had made dramatic strides on turning to squash after qualifying. The grand seigneur of ex-Guy's students must be Chest Consultant Jonathan Webb (1984–87) who captained the students' team long enough ago for it to be polite not to mention dates. Nevertheless he remained exceptionally fast about the court and with his accumulated experience had an unbeaten run in the Hospitals' Cup. David Taube (1980), a renal physician not originally from Guy's, was an equally determined player.

More recently there have been noteworthy newcomers. For Neil Martin (1986–88) we must thank the previous president of the club, Cyril Chantler, who appointed him as a senior registrar in Paediatrics. This was a first-class choice for not only has Neil just taken up a consultant post in Canterbury but he was also a Scottish international at squash. Despite having relatively little time to play he was a tower of strength and proved too experienced for most


PRESENTED TO
THE UNITED HOSPITALS SQUASH RACKETS CLUB
BY
THE MEDICAL SICKNESS ANNUITY &
LIFE ASSURANCE SOCIETY LIMITED.
1934.

A regular at Guy's — the Hospitals' Squash Cup

opposition. Pat Hourihan (1984–88) came to Guy's as staff club manager and established himself as first string after Colin Holden left. We are fortunate to have such a highly talented player, but it is in his capacity as manager of the staff club that he should be thanked most, for he has done a considerable amount to raise the morale of hospital staff.

This year the team was joined by Neil Sulke (1988), a cardiology registrar who during matches seemed to spend as much time rushing off to insert cardiac catheters as he did on court. Win or lose, all his games were of short duration, which he insisted was due to his concern about being called away rather than to any lack of fitness. On occasions this sounded convincing.

Ray Sharp from the dental department captained the side from 1986–88 and none of the players will mind his name being left till last. Always playing as one of the top three strings he was unbeaten in any round during all 10 years (he retired hurt in one match when well ahead). As a former British number one at badminton, and a Kent county squash player, he consistently produced virtuoso displays of deception and racket control. Some opponents came off court obviously believing it had simply been a rather bad dream. An uncomfortable moment for him though occurred in his first year of captaincy, when he forgot to take the cup to the final. At the presentation he went on to thank the wrong insurance company for supporting the competition. Thankfully all was taken in good spirit. Apart from this minor blemish, Ray was an inspiration throughout and a marvellous team member both on and off the court.

Ray, Colin Holden, Pat Hourihan and Neil Martin were of course the 'stars'. To be successful, though, sides have to be strong in depth, and here the Guy's teams were no exception. The standard of all the lower order players was only a little short of the top strings and this depth of ability tended not to be shared by other teams.

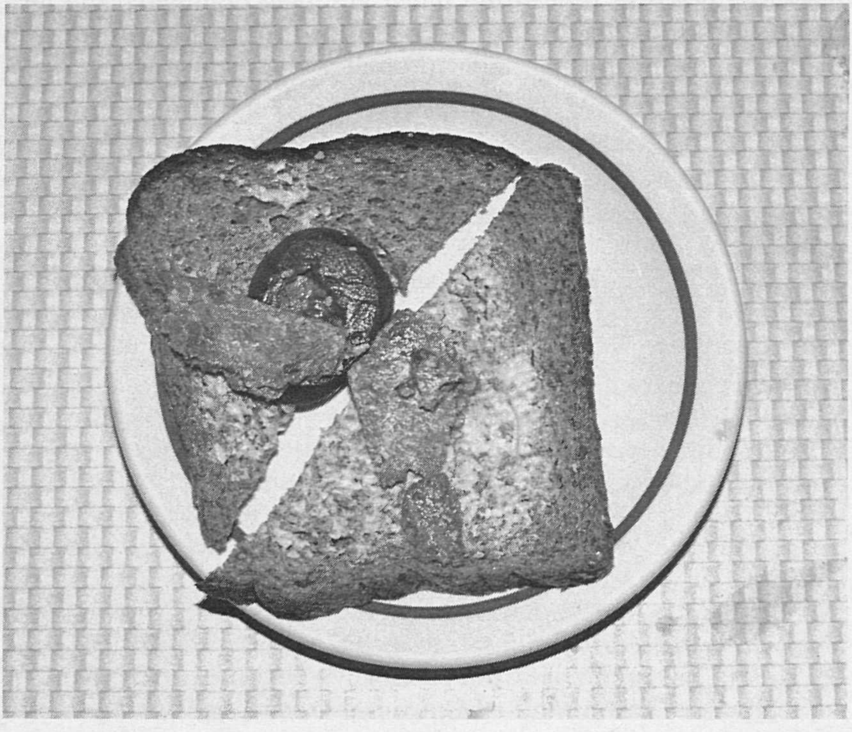
Each year produced at least one cliffhanger and somehow Guy's came through in each, involving many special individual efforts. Among the most memorable perhaps were Colin Holden's semi-final victory against KCH (1983), a two hour marathon; Dave Taylor's semi-final win against St Thomas' (1984), playing 'out of his skin' with the match depending on him; Ray Sharp's success against St Mary's Welsh international Allan Jones in the 1985 final (Ray pays little attention to reputation and in the 1980 St Thomas' final he brushed aside a rather out-of-form Scottish international 3–0); and Pat Hourihan's victory against Barts this year, pulling the fifth out of the bag from 0–8 down. Mention should be made of the famous Welsh rugby player JPR Williams (St Mary's) who had also been a Wimbledon junior tennis champion and was no less impressive at squash. An epic struggle evolved when he faced Ray Sharp in the 1983 semi-final. Ray gave not an inch to JPR's direct, robust approach, but it went to the fifth before his inventiveness won the day. JPR's sporting pride took a further fall in the final two years later as he battled unsuccessfully against Pat Hourihan's persistent acuracy in another tense, hard game.

Pride of place must go to Neil Martin in this year's final against UC/Middlesex Hospitals. Last on court with the match poised at 2–2 he lost the first game and was down 0–7 in the next. Drawing on all his experience he gradually clawed back to take the second, with his opponent's confidence perceptively wavering. In a pulsating third game each player vied for dominance, but Neil again squeezed out on top. Now calling on reserves of energy he thought were no longer there (a doubt uncomfortably shared by the rest of the Guy's team), he somehow stepped up the pace in the fourth. This was immediately obvious from the gallery where excitement further mounted as it seemed his opponent was equal to the extra challenge. The score crept up point for point until at 6–5 the increased pressure proved too much and Neil dominated the next three points to take a handsome 3–1 victory. He came off court as modestly as ever, but did allow himself a quiet smile which said it all — what a way to end the decade!

Sue de Monas

Is it plagarism or just my imagination that for the past two months, the *Daily Mail* newspaper has obtained newsworthy items from the pages of this illustrious and much respected organ. First we had a journalist sniffing round *three weeks* after we had publicised the sexism and racism officer post now held by the venerable Jenny Keen, and then the good Mr Fentiman came in for a bashing following our interview with him. Even *Private Eye* had to look back to our edition six months ago to dredge up that story about Doctor Fisher and Prince Philip's penile sheath. Don't forget folks—you heard it here first.

My column this month has gone techniblackandwhite. This final year pathology student got so bored looking at pieces of dead meat in the Gordon Museum, he decided to extend his repertoire to the spit sandwiches. Fortunately one of our photographers was there to witness the scene. 60p for that!!!?? Surely a better example of bread and butter pericarditis can be found elsewhere.



An interesting suggestion was made to me the other day for an alternative use of a Simm's speculum. 'They're very useful for holding chickens open while you're trying to stuff them', it was told by one bird 'fancier'.

Fashion and Beauty

In

Obs & Gynae at Lewisham
Guys Esspresso (when its open)
Laurel and Hardy at teatime
Dental HO's and SHO's
Gazette back-numbers

Out

Denny's
The *Daily Mail*
Christmas at Home
Library reminder slips
Dissection coats in the spit (AGAIN!!!!)

Dental Notes

Standards and economic realities

Exciting developments are underway in the Department of Periodontology and Preventive Dentistry. On graduation the majority of students from the dental school will work in general dental practice. Many express concern about how they will maintain the high standards expected of them when faced with the realities of economic survival in the National Health Service. Unless the problem of easing this transition is addressed during training, much of the educational effort put into the course could be wasted or even counter-productive. Although this may well apply to all aspects of dentistry, periodontology and preventive dentistry are considered particularly restricted by financial constraints within the general dental services.

The teaching of community dentistry carries with it the responsibility of showing how different methods of remuneration and organization within the Health Service affect provision of dental care. The PD department is therefore ideally placed to develop a small general practice unit for dental students in their final twelve months.

Chairside supervision is mainly by part-time teachers who are based in general practice. Treatment will have a strong periodontal and preventive emphasis, the complexity of any conservative and prosthetic treatment being restricted in these early stages.

The General Dental Council is always keen to promote greater collaboration between hygienists and undergraduates in the training periods. No popular solution to this aim has been found acceptable in any of the institutions. Hygienists will be included in the unit so that students will learn how to work efficiently with them. This approach is important as we too have been criticized for our shortcomings in this area.

The students themselves have expressed a keenness to experience this new venture and this is important because its success will depend a great deal on their enthusiasm for it.

UGC Dental Review Working Party

The University has accepted the UGC proposal that University College Dental School should close on condition that it retained its 50 science places and that our numbers should not be reduced. Professor Rowe reports that we are grateful to the University for the action they have taken on our behalf. It was also reported that the recommendation that the course be extended by two terms had been referred to the Department of Education for costing and the introduction of a year's vocational training had been referred to the Department of Health.

Congratulations

To Karen Spreadbury for gaining the Bracon Orthodontic Prize presented to the best student in dental technology at the South London College.

To the following prizewinners for awards in 1988 to dental students:

Pre-clinical Year Prize in Physiology
Mr J G M Doran
Miss C A Spedding

Pre-Clinical Year Prize in Biochemistry
Miss N A N Nguyen
Mr M Pourghadiri
Miss M M Pirbhai—Certificate of Merit

Pre-Clinical Year Prize in General Anatomy
Mr G I Smith

Pre-Clinical Year Prize in Special Anatomy
Mrs A B Wright

Confined War Memorial Scholarships
Miss L V Macey-Dare
Miss N A N Nguyen

School Prize in Pathology and Microbiology
Miss V J Kingsmill
Mr H Kumrai

School Prize in Pharmacology and Therapeutics
Mr M Ide

Human Disease Prize Examination
Mr M F Thomas—Certificate of Merit

To R J Cook awarded the Iain Benson Prize for the best overall student in the first clinical year for 1988.

To Professor David Poswillo who has been appointed a Fellow of the German Academy for Natural Sciences (Leopoldina).

To Professor Tom Lehner awarded the medal for distinguished research in Behçet's Disease by the Mediterranean Society of Rheumatology.

To Dr M M Smith who has been awarded a Guest Research Fellowship from the Royal Society, on the basis of her palaeontological work, to invite Professor Mee-mann Chang to collaborate with her and Dr Colin Patterson at the British Museum.

To the recipients of the following prizes:

David Frank Sturdee Prize for 1988

The recommendation of the examiners for the David Frank Sturdee Prize for 1988, was approved as follows:

Miss R P Gray—Prize
Mr F. Thomas—Certificate of Merit

Newland Pedley Medal and Prize for Operative Dentistry for 1988

The recommendation of the examiners for the Newland Pedley Medal and Prize in Operative Dentistry for 1988 was approved as follows:

Mr J R McHugh—Medal and Prize

Mr M S O Lee—Certificate of Merit
Mr A K Wickenden—Certificate of Merit
Mr K Powell—Certificate of Merit

Malleson Prize for Dental Student Research for 1988

The recommendation of the examiners for the Malleson Prize for Dental Student Research for 1988 was approved as follows:

Mr M S O Lee and Mr D S Burford (joint entry)—Certificates of Merit
Mr M D Northwood—Certificate of Merit

Final Year Prize for 1988

It was reported that the Final Year Prize for 1988 would not be awarded.

Retirement

Tony Watkins qualified at Guy's in 1952. Since 1957 he practised in Eastbourne. In August he retired from general practice during his current year as President of the Southern Counties Branch of the British Dental Association, giving him a little more time to devote to the responsibilities which go with the privilege of such an important office.

He promises to reserve enough time between these official duties, his painting, golfing and toiling in his country acre, so that he can maintain his close links with Guy's. Retirement hardly sounds an appropriate description for what he has planned. His friends and colleagues wish him many long and happy years in his new life.

Thanks

To Mrs Cecily Warner who made a donation of £200 to the Dental School. This money has been put towards the cost of a computer for the F S Warner Library.

To Johnson Biotechnology for a grant of £12,757 to Professor Tom Lehner to investigate the immune responses to synthetic peptides.

To Johnson Biotechnology Centre, La Jolla, California for a grant of £133,000 for the year 1988/89 to study synthetic peptides and vaccine development.

No Thanks

To those who either fail to read the *Gazette* or else have ignored the ignominy of receiving a *No thanks* mention under this heading whenever we refer to the lifts serving the Robens' Suite. A few bulbs and a cover plate for the indicators should not be impossible to find in this site which is such a renowned centre of excellence.

Michael Maberley

Physiotherapy Notes

'There's Rosemary, that's for remembrance; pray, love, remember: and there is pansies, that's for thoughts.'

Ophelia summed up well for us regarding the month of November — the month of remembrance. We remember our dead and especially, at the time of writing, we remember those who fell in the two world wars and in those conflicts which have occurred in the past 40 years.

We will remember them.

Presentation day in the School of Physiotherapy is rightly placed in November. It is a day of memories, a day of celebration and a day of anticipation. Twenty-nine students who entered in September 1985 are now members of the Chartered Society of Physiotherapy and receive the graduate Diploma of Physiotherapy and the Guy's badge.

These 29 Chartered Physiotherapists and members of their families come to Shepherd's House, making their way through the Park — which is itself a memorial to those 94 men and women of Guy's Hospital who fell in the 1939–45 war — to receive their awards, to congratulate each other and to congratulate those three who will receive the memorial Prizes. The best student in each of the two sets receives a prize. And there is another prize.

The Trethowan Memorial prize was first presented to the 'winning' student of 1954 at the annual reunion of 1955. Mr Trethowan was orthopaedic surgeon to Guy's and supervisor of the Massage Department. His death was reported to the Education Committee on 7 March 1935 by Matron — Emily MacManus. He was succeeded as supervisor of the Massage Department by Mr Lambrinudi who was assisted by Mr Stamm.

The Angove Memorial Prize was first awarded in 1964 — a memorial gesture from the Guy's Hospital Physiotherapy Association (GHPA). Hester Angove was the founding Principal of the School and reigned as 'Sister in Charge of the Massage

Department' from 1914–1936. After she retired from Guy's she continued in active service as Principal of the School at the Royal National Institute of the Blind. Her photograph still hangs in the Principal's Office.

The third, and perhaps most interesting prize, is the MacTier Memorial Prize. We know very little of the donor. Miss (or Mrs) MacTier left a legacy in her will which was allocated to the School of Physiotherapy in gratitude for the care given to her in her old age. It is an award, not for academic prowess, but for compassion and kindness. It is presented to the student who has exhibited these gifts throughout training. It is endearingly called 'The being nice to old ladies prize'.

And so our thoughts move from the past to the present. Over tea, news of present jobs and activities is exchanged and plans are formed for the future. With November and remembrances behind us; in December we look forward to new life and prepare to celebrate the birth of a baby at Christmas.

Note: Should anyone have information regarding Miss/Mrs MacTier please let me know.

Diana Innocenti

Nursing Notes

Prospect 2000

Time is near the end of year, so I thought,
Now Project 2000 forges ahead,
This occasion appropriate to thwart
Those who rate it 'the greatest' since sliced bread.

New nurses will sit down in the classroom
Book learning: loadsa interesting facts.
While back in Bright and Luke, all full of gloom,
Patients fear carers are to face the axe.

Medicine, surgery — students will learn,
Sociology with psychology:
Holidays, drinks — a BSc they'll earn.
Supernumerary at beds to be!

Two years reading, writing, getting top marks,
And then another one to specialize;

Farewell to Ms Young, Callaghan and Marks.
YTS kids will make the beds at Guy's.

So those who aren't prepared for 'general'
Can only know what Miss Caulfield-Stoker,
With 'Fs' and 'Gs' in ITU, *et al.*,
May teach. The country needs each teenager.

Its a far cry from the days of Matron;
Even doctors were treated with respect
When the Sister proudly wore her apron.
All no more: now 2000's in prospect.

Denis Cobell

Book Reviews

The Health Conspiracy. Dr Joe Collier. 196 pp. £4.95. Soft cover. Century.

This thought-provoking if somewhat polemical paperback has as its central theme the idea that drug companies, the government and doctors conspire with one another to keep medicine a white, middle-class, male-dominated industry in which the pursuit of profit is paramount, and the interests of patients are secondary.

The author, who is a clinical pharmacologist at St George's, holds his views very strongly, and to a certain extent one is forced to concede that he has a point — it is hard to see the prices of some medical supplies without forming the opinion that someone is being taken for a ride, and companies that rush to produce 'me-too' drugs are clearly thinking more of their profit and loss account than of the end-users of their products. Collier draws attention to the dual responsibilities of the Department of Health, which has both to safeguard patients' interests and at the same time promote the UK pharmaceutical industry, which clearly cannot be a healthy state of affairs. Some readers, however, will find Collier too quick to diagnose a conspiracy at work where many would simply infer incompetence, as, for example, in the failure of the regulatory mechanisms adequately to control the quality of new drugs reaching the market.

Nevertheless this short paperback is strongly recommended to any doctor who would like an 'unrest cure' for a weekend, to challenge his or her established view of medicine in Mrs Thatcher's Britain.

MGS

TRY OUR SHORT ORAL TEST

1 What has a really comfortable grip?

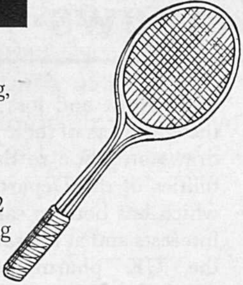
☐ (a) The Boston Strangler
☐ (b) The Sensodyne Search 4
☐ (c) A toothless bulldog.

4 What has a dense brushing surface?

☐ (a) The Sensodyne Search 4
☐ (b) A dry ski slope
☐ (c) A road-sweeper with an IQ of 72.

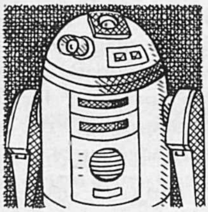
2 What has a long, slim neck?

☐ (a) The Sensodyne Search 4
☐ (b) A bottle of 1982 Yugoslav Riesling
☐ (c) A cygnet.



5 What's head and shoulders above the rest?

☐ (a) The Hunchback of Notre Dame
☐ (b) A giraffe
☐ (c) The Sensodyne Search 4.

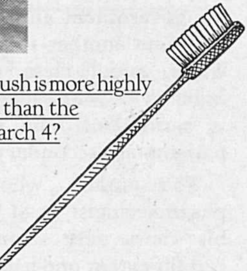


3 What has a compact head with rounded corners?

☐ (a) A primary school
☐ (b) Just about everybody
☐ (c) The Sensodyne Search 4.

6 What toothbrush is more highly recommended than the Sensodyne Search 4?

☐ (a) None
☐ (b) Zero
☐ (c) Zilch.



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*Independent Dental Survey 1986. Data on file Stafford-Miller Ltd.

Sport

Rowing Club

Henley and the Summer Regattas

The summer circuit of regattas has been bypassed by the Guy's crews in recent years. The rowing season usually peters out after the hospital bumps. This is a great shame as it isn't until the summer that all the hard work in the cold winter mornings begins to pay off. This year we decided to enter a coxless four with Henley in our sights at the end of the season.

Although the crew never managed to win a regatta we met with some success, winning a silver medal at Docklands, second at Marlow, (a race in which we were disqualified due to suspect steering from the bowman again) and second in other smaller regattas.

At Henley we were knocked out in the qualifying race by only two seconds, and as the second fastest losers. Even though it was a great shame not to end the season on a high note, racing during Henley week, the summer's rowing was certainly some of the most enjoyable I've done, and I hope crews will now continue to row during the summer.

Dave Quick

The launching of the Orchard Lisle

The launching of the *Orchard Lisle*, the new, ladies, carbon-fibre Janusek racing boat, took place at the Chiswick Boat House on Sunday 25 September.

It was a lovely occasion, with Mr Orchard Lisle himself very kindly appearing to launch the boat. This was followed by an excellent display

L to R: **Simon Huins, David Quick, David Pullan, Tim Watts**

by last year's ladies first VIII, captained by Joanna McCurrich.

Jo proceeded to make an excellent speech and I'd like to take this opportunity to wish her the best of luck in her trip round the world. Also best of luck to all last year's first VIII physios who have now entered the big wide world.

I hope that this year's crew will be able to follow in the eminent footsteps of their predecessors and gain as many victories as they managed to do in the Orchard Lisle. It's a hard act to follow but we'll do our very best.

Finally I should like to thank Mrs McCurrich for the magnificent spread she provided at the launching, and Mr Manse and Mr and Mrs Alteson for their continuing support of the club.

Rhian Beck

Hockey Club

Ladies 2nd XI v Royal Holloway and Bedford New College (Egham)

On Wednesday 19 October the 'Sociable Seconds' started the season as they intend to continue, with a 6–2 victory.

Sarah Ayers excelled herself in the first half with two excellent goals and at half time the score was 2–1. But far from becoming complacent we were soon romping home to a fantastic victory, with only the small complication of another goal from the opposing side. After a third goal from Ali D the fouth goal clinched Sarah's hat-trick.

Kate Laughton scored the fifth goal, followed quickly by the big surprise of the match — a goal by Lisa McGlashan!

The title of 'Umpire of the Week' must go to Kate Percival who spiced up the match by blowing whistles before goals were scored or fouls committed.

Mindy Capps

The Team

GK	Mindy Capps
RB	Caroline Killick
LB	Jo Foster
RH	Ali Miller
CH	Lisa McGlashan
LH	Ruth Sandy
RW	Kate Carmichael
LW	Sam Challands/Kate Percival
RI	Kate Laughton
LI	Ali Daniels
CF	Sarah Ayers

Hospital Information

DEATHS

JOHN. Gwilym James, MSc, LMSSA, MBBS. Suddenly on 5 October 1988 at Nelson Bay, New South Wales, Australia.

BORGHYS, Paul (1932–37). Died suddenly on 24 July 1988 aged 74 years. Winner of the Newland Pedly Gold Medal.

PLANT, Dr A B, (Guy's 1919–25) on 16 November 1988 aged 87 years.

CHANGE OF ADDRESS

CATLIN, Robin J O and Rita, now at 2017 Ormond Blvd, Destrehan, LA 70047 USA. Tel (504) 764 7311.

CRABTREE, Dr & Mrs J W A, to 9a Salterton Road, Exmouth EX8 2BR. Tel 0395 263917.

MUNDEN, Dr J M and Mrs M M T, to 440 Tinderbox Road, Blackman's Bay, Tasmania 7054. Tel (002) 29 6668.

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